

NOTICE OF INTENTION TO OPERATE A FOOD PREMISES

Business Name: _____ **Owner Name:** _____

Street Address: _____ **Mailing Address:** _____

Town/City: _____ **Postal Code:** _____

Phone Number: _____ **Email:** _____

Type of Business: Sole Proprietorship Partnership Corporation

List of Owners or Directors of Corporation: (if applicable) Corp. Name/No. _____

1. _____ 2. _____ 3. _____

Please Indicate if: New Premises Alteration Re-Opening Temporary Permanent

Is the Business a Home-Based Business? Yes No

Sewage Disposal Type: _____ **Water Source Type:** _____

Outdoor Patio: Yes No **Total Seating:** _____ **Licensed by L.L.B.O.:** Yes No

Number of Certified Food Handlers: _____ **Number of Proposed Food Handlers:** _____

Proposed Number of Managers: _____

Months of Operation: (if not year round) _____ to _____

Hours of Operation: _____ - _____

Please Include the Following Documents

1. Property Site Plan
2. Building & Equipment Plan
3. Menu
4. Brief Description of Your Proposed Operation

Please Mail, E-mail or Fax Your Completed Notice Form and Documents to the Health Unit

458 Laurier Blvd., Brockville ON K6V 7A 3
 Fax: 613-345-7148

25 Johnston Street, Smiths Falls ON K7A 0A4
 Fax: 613-283-1679

Email: protection@healthunit.org

Personal information on this form is collected under the authority of the Health Protection and Promotion Act S.O. 1983, C10, and will be used for the provision of recording information for the Community Health Protection Department. Questions concerning the collection of this information should be directed to the Community Health Protection Department of the Health Unit in writing to; 458 Laurier Blvd. Brockville ON K6V 7A3 or by calling 1-800-660-5853