



NOTIFICATION OF FOOD PREMISES OPENING

“Every person who intends to commence to operate a food premise shall give notice of the person’s intention to the medical officer of health of the health unit in which the food premise will be located.” R.S.O. 1990, c. H.7, s. 16 (2).

Please complete and submit this form by email to: EHFax1@hpeph.ca or fax: 613-968-1461

Food Premises Name: _____

Owner/Operator: _____

Telephone: _____ Email: _____

Food Premises Address: _____

Proposed Date of Opening: _____

Food Premises Information

Type (i.e. restaurant, take-out, butcher shop, etc.): _____

Newly constructed Renovated Previous Food Premises (no renovations)

(Please submit two sets of plans showing the layout of the food preparation areas and applicable equipment)

Open year-round: Yes No If no, months of operation: _____

Days/Hours of Operation: _____

Drinking Water Supply: Municipal Private If private well: Drilled Dug Cistern

(For private drinking water supplies please submit most recent well water test results) Treatment No Treatment

Sewage Disposal: Municipal Private

Number of Staff: _____ Number of Certified Food Handlers: _____

Name of Applicant

Position/Title

Signature

Date

For more information contact Healthy Environments at 613-966-5500 or 1-800-267-2803 ext. 677

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