



NOTIFICATION TO REOPEN A SEASONAL FOOD PREMISES

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

This form is used to notify the Medical Officer of Health (MOH) or Public Health Inspector (PHI) of the intention to reopen a seasonal food premises after closing/shutting down for a period of time.

Please complete and submit this form by email to: EHFax1@hpeph.ca or fax: 613-968-1461 30 days prior to re-opening for the season.

Food Premises Name: _____

Owner/Operator: _____

Telephone: _____ Email: _____

Food Premises Address: _____

Proposed Date of Reopening: _____

Expected Date of Closure for the Season: _____

Food Premises Information

Days/Hours of Operation: _____

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

Drinking Water Supply: Municipal Private

If private: Drilled Well Dug Well Cistern Treatment No Treatment

NOTE: The owner/operator of the seasonal food premises to which the above requirements apply shall ensure that no food or water is served to the public until the Medical Officer of Health (MOH) or Public Health Inspector (PHI) is notified and, if requested, proof of satisfactory sample test results are provided.

Name of Applicant

Position/Title

Signature

Date

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