

Head Office:
458 Laurier Blvd.
Brockville, Ontario
K6V 7A3
Tel: (613) 345-5685
Fax: (613) 345-2879



25 Johnston St.,
Smiths Falls, Ontario
K7A0A4
Tel: (613) 283-2740
Fax: (613) 283-1679

NOTICE OF INTENTION TO OPERATE A FOOD PREMISES

Business Name _____ Owner _____

Street No. (Lot, Conc.) _____ Corporation Name/Number _____

Municipality _____ Address _____

Telephone (B) _____ Fax _____ Town/City _____ P.C. _____

Telephone _____

Agent – I hereby authorize _____ to act as my agent in this matter.

Organization
(Please ✓ one)

- Sole Proprietorship
 Partnership
 Corporation

List Owners or Directors of Corporation

1. _____ 3. _____
2. _____ 4. _____

Please indicate if:

New Premises Alteration Re-opening Temporary Permanent

Date of Opening _____ No. of Certified Food Handlers _____

Months of Operation if not year round: Proposed No. of Food Handlers _____

_____ to _____ Proposed No. of Managers _____

Hours Open _____ to _____ Total Seating _____

Water Source _____

Sewage Disposal Type: _____

Licensed by: L.L.B.O. (Y) (N)

Outdoor Patio (Y) (N)

ATTACH THE FOLLOWING TO YOUR NOTICE

1. Property Site Plan
Building and Equipment Plan
2. Brief Description of Your Proposed Operation
3. Enclose a Menu

Dated this _____ day of _____ / _____.

Signature of Owner/Director

Health Unit Use Only

C.I.S.S. No. _____ Risk Rating _____

Reviewed by Public Health Inspectors

_____ and _____

Date _____

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 Health Protection Department. Questions concerning the collection of this information should be directed to the Director of the Health Protection Department of the Health Unit, 458 Laurier Blvd., Brockville, Ontario K6V 7A3, (613) 345-5685.