

# Notice of Intent to Operate a Food Premises



## Business Information

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Business name: \_\_\_\_\_  
Business address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Mailing address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Organization

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Sole Proprietor                       Partnership                       Corporation

## Contact Information

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Legal name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Chosen name (if different from legal name): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Alternate contact (must be filled out if business is run as a partnership or corporation)

Legal name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Chosen name (if different from legal name): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Legal name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Chosen name (if different from legal name): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Notification

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Proposed date of opening (yyyy-mm-dd): \_\_\_\_\_  
 New premises                       Renovation                       Re-opening

## Type of Food Premises

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Food warehouse/depot	<input type="checkbox"/> Bakery (retail and production)
<input type="checkbox"/> Food take-out	<input type="checkbox"/> Butcher shop	<input type="checkbox"/> Banquet hall
<input type="checkbox"/> Food store	<input type="checkbox"/> Mobile food premises	<input type="checkbox"/> Other: _____

## Hours of Operation

Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  Year-round  Seasonal Months of operation: \_\_\_\_\_

## Other

Copy of plans provided for review:  Yes  No  Other: \_\_\_\_\_

Copy of menu attached:  Yes  No  Other: \_\_\_\_\_

Patio:  Yes  No

Buffet:  Yes  No

Staff: # of staff: \_\_\_\_\_ # of certified food handlers: \_\_\_\_\_

Staff washrooms:  Yes  No Public washrooms:  Yes  No

Cooking equipment:  Electric  Gas

Hot water:  Electric  Gas

Water supply:  Municipal  Non-municipal (private)

Dishwashing:  Manual If dishwashing is manual state # of sinks: \_\_\_\_\_  Mechanical/type: \_\_\_\_\_

Sewage disposal:  Municipal  Non-municipal (private)

Garbage disposal:  Bulk bin  Other: \_\_\_\_\_

### Please note:

1. Section 16(2) of *Ontario Health Protection and Promotion Act, R.S.O. 1990, c. H.7* requires that every person who intends to commence to operate a food premises shall give notice of his/her intention to the Medical Officer of Health of the Health Unit in which the food premises will be located.
2. To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990: Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.*

Print name

Signature

Date (yyyy-mm-dd)

Complete this registration form, by clicking the button, send it via email to [Health\\_Protection@phsd.ca](mailto:Health_Protection@phsd.ca) as an attachment, or fax it to 705.677.9607. Save a copy of this PDF to your computer and print it for your records.

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