

# Notice of Intent to Operate a Food Premises



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

## Business Information

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

## Organization

☐ Sole Proprietor ☐ Partnership ☐ Corporation

## Contact Information

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

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: _____	<input type="checkbox"/> Year-round <input type="checkbox"/> 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)