

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)

Submit