



APPLICATION FOR HEALTH APPROVAL

NEW: New facility New location New ownership

AMENDMENT: Update to information

TYPE OF FACILITY

Food or beverage production/manufacturing	Care facility	Personal services		Bed and breakfast
<input type="checkbox"/> Low risk/non-PHF <input type="checkbox"/> High risk/PHF Specify product(s):	<input type="checkbox"/> Child care centre <input type="checkbox"/> Family day home Meal program <input type="checkbox"/> Full <input type="checkbox"/> Snacks only <input type="checkbox"/> N/A	<input type="checkbox"/> Ear/body piercing <input type="checkbox"/> Esthetics/nails <input type="checkbox"/> Hair services <input type="checkbox"/> Health spa, sauna/steam bath <input type="checkbox"/> Laser hair removal <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Massage <input type="checkbox"/> Tanning <input type="checkbox"/> Tattoo	<input type="checkbox"/> Breakfast only <input type="checkbox"/> Additional meals provided

FACILITY INFORMATION

Facility name		Operator/manager	
Facility site address			
Mailing address		Postal code	
Email	Phone	Fax	

BUSINESS INFORMATION

Legal business name		Type of ownership (select one)	
Legal business owner		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Society <input type="checkbox"/> Other	
Mailing address	City/town	Postal code	
Email	Phone		

Water source: Large public drinking water system Name: _____
 Well

Sewage disposal: Municipal sewer Onsite sewage disposal system

Days and hours of operation: Seasonal (list months of operation): _____
 Year round operation

Floor/site plan attached (detailed diagram to include location of hand wash sinks, cleaning sinks, washrooms, equipment details, and surface finishes)

Signature of operator: _____ Date: _____

Operator name (print): _____ Proposed opening date: _____

OFFICE USE ONLY		<input type="checkbox"/> Approved by EHO	Approval date: _____
EHO name: _____		EHO signature: _____	
Facility type: _____	Community: _____	Work area: _____	
Conditions for operation: _____			