

## NOTICE OF INTENT TO OPERATE A FOOD PREMISES

Proposed Date of Opening: \_\_\_\_\_ **File #:** \_\_\_\_\_ **Risk:** \_\_\_\_\_ (Office use only)

Business Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Unit # Street City/Province Postal Code

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Unit # Street City/Province Postal Code

Operator Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Operator Address: \_\_\_\_\_  
Unit # Street City/Province Postal Code

Corporation Name / Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Corporation Address: \_\_\_\_\_  
Unit # Street City/Province Postal Code

Name of Principal Officer: \_\_\_\_\_

Type of Food Premises: \_\_\_\_\_ Number of Certified Food Handlers: \_\_\_\_\_

Handwashing Station Locations: \_\_\_\_\_

Cooking Equipment: \_\_\_\_\_

Dishwashing: Manual  Number of Sinks: \_\_\_\_\_ Mechanical  Type: \_\_\_\_\_

Washrooms: Staff: Yes  No  Public: Yes  No

Garbage: Bulk Bin  Curbside  Other  \_\_\_\_\_

Water Supply: Municipal  Non-Municipal  \_\_\_\_\_ Sewage Disposal: Municipal  Private

Tobacco Sales: Yes  No  Patio: Yes  No

**PLEASE NOTE THE FOLLOWING**

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 premise shall give notice of his/her intention to the Medical Officer of Health of the health unit in which the food premise will be located.
2. The personal information on this form is collected under the authority of *The Health Protection and Promotion Act, R.S.O. 1990, c. H.7*. It will be used for ownership identification and enforcement of the Act and the applicable Regulations under the Act. Contact David Pavletic, Food Safety & Healthy Environments Manager at 519-663-5317 ext. 2303 if you have further questions. Copies of the Act and the Regulations are also available at [www.ontario.ca/laws](http://www.ontario.ca/laws).

\_\_\_\_\_  
Name of Owner / Operator submitting form (Please print name clearly)

\_\_\_\_\_  
Date

Comments:

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