

FOOD PREMISE NOTIFICATION FORM

O. Reg. 493/17: FOOD PREMISES under Health Protection and Promotion Act, R.S.O. 1990, c. H.7. A person who gives notice of an intention to commence to operate a food premise to the medical officer of health under subsection 16 (2) of the Act shall include his or her name, contact information and the location of the food premise in the notice.

Documentation must be provided to the health unit a minimum of 14 days prior to proposed opening.

THIS NOTIFICATION FORM IS TO NOTIFY LAKELANDS PUBLIC HEALTH OF:			
☐ New Premise ☐ New Ownership ☐ Change/Addition to Services ☐ Change in Location ☐ Renovation			
☐ Other (please specify): _____			
Proposed Operation Start Date: _____			
PREMISE INFORMATION			
Premise Name:			
Legal Name of Business:			
Business License No.: (include date of expiry)			
Business Address: (Full address, including street number and name, town/city and postal code.)	Street # & Name: _____ City/ Town: _____ Postal Code: _____		
Mailing Address ☐ (Check box if same as business address)			
Phone Number:			
Email:			Website: _____
Sewage/ Grey Water Disposal:	☐ Private ☐ Onsite Sewage System ☐ Holding Tank ☐ Municipal (please specify) _____		
Water supply:	☐ Private (ie. Well, Cistern, etc.) Last Water Sample Date: _____	☐ Treated ☐ Untreated	☐ Municipal
Facility Floor Plan: (required for new premises and renovations)	☐ Attached		☐ Not attached
Pest Control:	☐ Licensed Company ☐ Self-monitoring		Company Name: _____
Food Handler Training Certificate(s):	☐ Copy of Current Certification Attached *minimum of one certified food handler must be present during all hours of operation*		Company Name: _____

OWNER INFORMATION	
Name:	

Home Address:			
Phone Number:		Email:	

OPERATOR INFORMATION ☐ Check if same as Owner Information

Name:			
Home Address:			
Phone Number:		Email:	

OPERATION INFORMATION

☐ Open Year-Round		☐ Open Seasonally—List months of operation: _____					
Select all days of the week the premise is open and list hours of operation:							
Day	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
Open Hours							

TYPE OF PREMISE(S):

☐ Fixed	☐ Home Based	☐ Mobile Food
☐ Other (please specify):		
SERVICES: (check all that apply)		
☐ Restaurant	☐ Take Out	☐ Bakery
☐ Warehouse	☐ Convenience	☐ Retail/ Supermarket
☐ Other (please specify):	☐ Banquet Hall	☐ Catering
	☐ Food Processing	☐ Institutional (Long-Term Care/ Child Care Centre)

TYPE OF FOOD: (check all that apply)

☐ Prepared Meals	☐ Baked Goods	☐ Prepacked	☐ Canning/Preserves	☐ Freeze Dried	☐ Smoking	☐ Curing
☐ Dehydrating	☐ Fermenting	☐ Acidification				
☐ Other (please specify):						

Please contact the health unit to discuss the legal requirements, review plans and/or conduct a pre-operational assessment prior to opening and formal inspections being performed.

SIGNATURE: _____ **DATE:** _____

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment, and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.lakelandsp.h.ca or contact the Medical Officer of Health, 185 King St., Peterborough, ON K9J 2R8 or 1-844-575-4567.

Legislation that may apply to your premise may include:
Useful Resources:

[Health Protection and Promotion Act, R.S.O. 1990, c. H.7 \(ontario.ca\)](#)
[O. Reg. 493/17: FOOD PREMISES \(ontario.ca\)](#)
[O. Reg. 319/08: SMALL DRINKING WATER SYSTEMS \(ontario.ca\)](#)
[O. Reg. 170/03: DRINKING WATER SYSTEMS \(ontario.ca\)](#)
[Smoke-Free Ontario Act, 2017, S.O. 2017, c. 26, Sched. 3](#)
[Alcohol and Gaming Commission of Ontario | \(agco.ca\)](#)
[O. Reg. 213/07: FIRE CODE \(ontario.ca\)](#)

[Food Premises Reference Document, 2019 \(gov.on.ca\)](#)
[Operational Approaches for Food Safety Guideline, 2019 \(gov.on.ca\)](#)
[Guide to Starting a Home-Based Food Business.pdf \(gov.on.ca\)](#)
[Food Premises Opening | Lakelands Public Health](#)

Local Municipality for Building/structural items and by-laws (garbage areas, zoning, business license, etc)