



Notification of Intent to Open a Food Premises

General – Premises Information

Premises Name: _____ Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Existing Business

New Business / Proposed Opening Date: _____ Hours of Operation: _____

Ownership Information: (provide number if owner is a numbered company)

Sole Proprietary / Partnership/Corporation Name: _____

Owner's Name: _____ Phone: _____ Email: _____

Type of Operation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Baked Goods – Retail | <input type="checkbox"/> Convenience/Variety | <input type="checkbox"/> Home Production |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Fast Food/Take Out | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Fish Shop | <input type="checkbox"/> Ice Cream/Yogurt Vendor |
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Flea Market | <input type="checkbox"/> Long Term Care Facility |
| <input type="checkbox"/> Brew Your Own | <input type="checkbox"/> Flea Market Vendor | <input type="checkbox"/> Mobile Preparation Facility |
| <input type="checkbox"/> Butcher Shop | <input type="checkbox"/> Food Bank | <input type="checkbox"/> Personal Services (PSS) - Food |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Food Plant/Production - CFIA | <input type="checkbox"/> Private Club/Bar |
| <input type="checkbox"/> Caterer / Commissary | <input type="checkbox"/> Food Plant/Production - OMAFRA | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Catering Vehicle | <input type="checkbox"/> Food Plant/Production - Other | <input type="checkbox"/> Retirement Home |
| <input type="checkbox"/> Child Nourishment Program | <input type="checkbox"/> Food Vending Facility | <input type="checkbox"/> School Cafeteria |
| <input type="checkbox"/> Church Banquet Facility | <input type="checkbox"/> Food Warehouse/Depot | <input type="checkbox"/> Shared Kitchen Production/Storage |
| <input type="checkbox"/> Cocktail Bar | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Snack Bar/Refreshment Stand |
| <input type="checkbox"/> Community Kitchen | <input type="checkbox"/> Group Home/Home for Special Care | <input type="checkbox"/> Street Food Vending |
| <input type="checkbox"/> Community/Serving Kitchen | <input type="checkbox"/> Home for Special Care | <input type="checkbox"/> Supermarket |

Operation Details:

Are you canning or bottling: Yes No

Are you preparing any manufactured meats (e.g. curing, smoking, dehydration, and fermenting)? Yes No

Will a certified food handler be present during every hour of operation? Yes No

Indoor seating capacity: _____ Outdoor patio? Yes No Outdoor seating capacity: _____

Liquor License? Yes No Tobacco products sold? Yes No

Note: Compliance with the Smoke Free Ontario Act, 2017 and the Durham Region Smoke and Vaping By-Law 028-2019 is required.

Dishwashing Setup: (select all that apply)

Food served using: Re-usable dishes/utensils Disposable dishes/utensils

Dishwashing equipment:

- Industrial mechanical high temperature rinse dishwasher
- Industrial mechanical chemical sanitizer dishwasher
- Glass washer
- 3 compartment sink
- 2 compartment sink

Type of chemical sanitizer used for dishwashing: _____

Type of chemical sanitizer used for food contact surfaces: _____

Note: Must be approved sanitizer as per the Food Premises Regulation - O. Reg 493/17

Number of handwash basins in food preparation area: _____

Note: Please outline these handwash basins on your attached floor plan.

Water and Sewage Information:

Water supply: Municipal Private Sewage Disposal: Municipal Private

Please include an electronic copy of your plans/drawings/blueprints prior to construction of your premises. Remember to highlight the location of your handwash basins within the premises. If you are mailing this application, please submit two copies.

Please include food safety plans if you are manufacturing meats and/or canning or bottling any products.

Applicant's Signature: _____ Date: _____

Please return this completed form to:

Durham Region Health Department
101 Consumers Drive, 2nd floor
Whitby, ON L1N 1C4

Tel: 905-668-2020
Toll Free: 1-800-841-2729
Fax: 905-666-1887

Information is collected and used under the authority of the Health Protection and Promotion Act, R.S.O. 1990, cH.7., s.5 and its Regulations. This information is collected and used for the purposes of processing your application for the intent to open a food premises or notification of a change in ownership of a food premises; for preventing, eliminating and/or decreasing the effects of a health hazard; and, for planning, providing, and evaluating services provided by Health Department staff for promoting health and protection. Questions about this collection and use of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, Whitby, ON L1N 0B2, (905) 668-7711.