



**Section 3—Proposed Premise Information cont.**

# of handbasins: _____	Method of Dishwashing:      Manual      Mechanical
# of two-compartment sinks: _____	If Mechanical, what type:      Chemical      High Temperature
# of three-compartment sinks: _____	
# of Janitor/Slop sinks: _____	Chemical sanitizer:      Chlorine (bleach)      Quat      Iodine

Seating Capacity:

50 or less     51 to 100 people     101 to 250 people     250 or greater     No seating provided

**Section 4—Declaration**

I hereby apply for a Public Eating Establishment license and agree to operate the described premises in accordance with all applicable Provincial health regulations and standards and to carry out any instructions that may be given by the Medical Health Officer/Public Health Inspector and to permit any authorized officer or Public Health Inspector to inspect the premises.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 5—To be completed by the Public Health Inspector**

Date received: _____	Public Disclosure:      Yes      No
Date reviewed: _____	Seasonal Facility:      Yes      No
Safe Food Handler Verified:      Yes      No	Pre-opening inspection:      Yes      No
Application approved:      Yes      No	Final Inspection required:      Yes      No

Comments:

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## Section 6—Premises Floor Plan

Please attach or provide a floor plan for your public eating establishment in the space below. Use the back of this sheet if you require more space. The plan should detail all areas of the facility, to scale, including but not limited to the dining area, kitchen, bathrooms, and food storage. Ensure all major appliances and plumbing fixtures are labeled. **In addition, please attach a proposed menu to this application.**