

**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.**

<b>THIS NOTIFICATION FORM IS TO NOTIFY THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT OF:</b>
<input type="checkbox"/> New Premise <input type="checkbox"/> Change/Addition to Services <input type="checkbox"/> Change in Location <input type="checkbox"/> Renovation <input type="checkbox"/> New Ownership
<input type="checkbox"/> Other ( <i>please specify</i> ):
<b>Proposed Operation Start Date:</b>

<b>PREMISE INFORMATION</b>			
Business Name:			
Legal Name:			
Business License No.:			
Business Address: <small>(Full address, including street number and name, town/city and postal code.)</small>			
Mailing Address: <input type="checkbox"/> Check box if same as site address.			
Phone Number:		Fax Number:	
Email:		Website:	
Sewage:	<input type="checkbox"/> Private	<input type="checkbox"/> Municipal	
Water supply:	<input type="checkbox"/> Private <small>(i.e., Well, Cistern, etc.)</small>	<input type="checkbox"/> Treated <input type="checkbox"/> Untreated	<input type="checkbox"/> Municipal
Facility Layout:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not attached	
Franchise Business:	20 or more locations in Ontario	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>OWNER INFORMATION</b>			
Name:			
Home/Business Address:			
Phone Number:		Email:	

<b>OPERATOR INFORMATION</b> <input type="checkbox"/> Check if same as Owner Information			
Name:			
Home/Business Address:			
Phone Number:		Email:	

Food Handler Training Certificate(s):	<input type="checkbox"/> Current Certificate	<input type="checkbox"/> Attached	<input type="checkbox"/> Not attached
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**OPERATION INFORMATION**

<input type="checkbox"/> Open Year-Round		<input type="checkbox"/> Open Seasonally—List months of operation: _____					
Select all days of the week the premises is open and list hours of operation:							
Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Open Hours:							

<b>TYPE OF PREMISE(S):</b>						
<input type="checkbox"/> Fixed	<input type="checkbox"/> Home Based	<input type="checkbox"/> Mobile Food				
<input type="checkbox"/> Other (please specify): _____						
<b>SERVICES: (check all that apply)</b>						
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Dine In	<input type="checkbox"/> Take Out	<input type="checkbox"/> Bakery	<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Catering	<input type="checkbox"/> Food Processing
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Convenience	<input type="checkbox"/> Retail/ Supermarket	<input type="checkbox"/> Institutional (Long-Term Care/ Child Care Centre)			
<input type="checkbox"/> Other (please specify): _____						

<b>TYPE OF FOOD: (check all that apply)</b>				
<input type="checkbox"/> Prepared Meals	<input type="checkbox"/> Baked Goods	<input type="checkbox"/> Prepacked	<input type="checkbox"/> Canning	<input type="checkbox"/> Freeze Dried
<input type="checkbox"/> 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.**

**Date of Notification:** \_\_\_\_\_

**Signature of Owner/  
Operator:** \_\_\_\_\_

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.hkpr.on.ca](http://www.hkpr.on.ca) or contact the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or 1-866-888-4577.

**Legislation that may apply to your premise may include:**

- [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 \(ontario.ca\)](#)

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

**Useful Resources:**

- [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 Handler Training – Haliburton, Kawartha, Pine Ridge District Health Unit \(hkpr.on.ca\)](#)