

This form must be completed for all new facilities and for any changes to facility information (PRINT IN BLOCK LETTERS)

Owner Legal Type: Sole Proprietor Partnership Corporation Other (define)

Legal Name of Company/Partnership/Sole Proprietor : (Provide a copy of certificate of incorporation) Business Licence # (if available):

Facility Name: (Trade Name/Doing Business As) Phone: () _____
Fax: () _____

Facility Site Address: Postal Code: _____
City: _____, BC Web site:
E-mail:

Director / Owner's Name: Home Phone: () _____
Mobile Phone: () _____
First Name *Last Name*

Operator's Name: Home Phone: () _____
Mobile Phone: () _____
First Name *Last Name*

THE FOLLOWING MUST BE COMPLETED FOR OPERATING PERMIT FEE

<p>Billing Information (Please complete in full): Legal Name to appear on invoice: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: () _____ Fax: () _____</p>	<p>Invoice Options (choose one) <input type="checkbox"/> by Mail <input type="checkbox"/> by Email Email: _____</p> <p style="text-align: center;"><i>Permit decals are mailed to Billing Account Address</i></p>
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Maximum Seating Capacity: _____ seats Exempt Facility? Yes (If Yes, Exemption Request Form must be submitted with this form)

Secondary Permit? Yes IF YES, Facility # of Primary Site: _____ (Secondary Permit only issued if under same roof and same owner)
Do you wish to have other facilities owned by you rolled up to one invoice? If so, please provide Facility #s here: _____

FOR SEASONAL PREMISES, CHECK ✓ WHICH MONTHS YOU ARE OPERATING (Include whole and partial months)

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Date of Application: _____ Applicant's Signature: _____

THIS BOX **MUST** BE COMPLETED FOR ALL NEW APPLICATIONS Applicant's Name (Print): _____

Office Use Only

Is this a NEW Application or a CHANGE to facility information? NEW: CHANGE: EFFECTIVE DATE: ____/____/____ (MMM/DD/YY)

Type of Change: (if change box is checked, updated info and Effective Date of change are required)

<p>a) <input type="checkbox"/> Facility name change: Old name was: _____ Existing facility # _____</p> <p>b) <input type="checkbox"/> Facility Address Change/ <input type="checkbox"/> Mailing Address Change</p> <p>c) <input type="checkbox"/> Change in Conditions on Permit</p> <p>d) <input type="checkbox"/> Owner change – Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>e) <input type="checkbox"/> Operator change</p> <p>f) <input type="checkbox"/> Facility type/capacity change (may impact on permit fee)</p> <p>g) <input type="checkbox"/> Facility closed (voluntarily) Effective Date _____ Is there a secondary permit connected to this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h) <input type="checkbox"/> Other (specify) _____</p>
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Facility Information:	Permitted Facility Type (check one)	Conditions on Permit:
<p>HH Facility #: _____</p> <p>Work Area: _____</p> <p>EHO: _____</p>	<p><input type="checkbox"/> FSE1 - Food Service Establishment - Type 1 <input type="checkbox"/> Attribute (define) _____</p> <p><input type="checkbox"/> FSE2 - Food Service Establishment - Type 2 <input type="checkbox"/> Attribute (define) _____</p> <p><input type="checkbox"/> Mobile Food Service – Type B <input type="checkbox"/> Attribute (define) _____</p> <p><input type="checkbox"/> Mobile Food Service – Type C <input type="checkbox"/> Attribute (define) _____</p> <p>VIN # _____</p>	<p><input type="checkbox"/> FoodSafe, Food Safety Plan, & Sanitation Plan documentation to be provided within 90 Days</p> <p><input type="checkbox"/> Restricted Cooking – no grease laden vapours can be generated</p> <p><input type="checkbox"/> Single Service Utensils Only</p> <p><input type="checkbox"/> Seating restricted to 16 or less</p> <p><input type="checkbox"/> Other _____</p>
<p>Billing Account Information:</p> <p>Account #: _____</p> <p>Account Work Area: _____</p>		

Permit Fee Pro-Rating Calculations

Month Effective	Mobile Food Service	FSE ≤ 50 seats	FSE > 50 seats	Secondary Permit
April	\$75.00	\$150.00	\$250.00	\$75.00
May	\$75.00	\$137.50	\$229.17	\$75.00
June	\$75.00	\$125.00	\$208.33	\$75.00
July	\$75.00	\$112.50	\$187.50	\$75.00
August	\$75.00	\$100.00	\$166.67	\$75.00
September	\$75.00	\$87.50	\$145.83	\$75.00
October	\$75.00	\$75.00	\$125.00	\$75.00
November	\$75.00	\$62.50	\$104.17	\$75.00
December	\$75.00	\$50.00	\$83.33	\$75.00
January	\$75.00	\$37.50	\$62.50	\$75.00
February	\$75.00	\$25.00	\$41.67	\$75.00
March	\$75.00	\$12.50	\$20.83	\$75.00

Provincial Policy for Permit Fees:

- For seasonal establishments, the fee is based on number of months (partial or full) that the operation is open for business. For example, a seasonal concession that opens on May 15th and closes on September 8th is charged for 5 months.
- A facility is eligible for a reduced fee secondary permit (multiple permit) if it is BOTH under the same roof as the primary facility AND it's operated by the same owner. The primary facility is always the facility with the highest permit fee (for example, \$250.00 for a full restaurant).
- The secondary permit fee is not pro-rated, nor refundable. For example, there is no refund or pro-rating for a permit for a seasonal concession that closes down in the winter if it is charged the \$75.00 flat fee. They have the option of being charged the higher annual fee as a primary facility and have it pro-rated.
- Requests for refunds must be made on the appropriate Refund Application form and signed off by the Environmental Health Officer before submission to be billing clerk.

FOR CREDIT CARD PAYMENTS PLEASE COMPLETELY FILL OUT THE SECTION BELOW

Credit Card Payment Method: VISA MASTERCARD AMERICAN EXPRESS

Card #: _____

Expiry Date: _____ / _____
MM / YY

Permit Fee Amount: _____
(Amount to be charged on the credit card)

Name on Card: _____

Signature: _____