

This form must be completed for all new facilities and for any changes to facility information (PRINT IN BLOCK LETTERS)		
Owner Legal Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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	Website: E-mail:
Director / Owner's Name: First Name _____ Last Name _____		Home Phone: () _____ Mobile Phone: () _____
Operator's Name: First Name _____ Last Name _____		Home Phone: () _____ Mobile Phone: () _____
Mailing Address:		
Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: () _____ Fax: () _____		
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? <input type="checkbox"/> NEW : <input type="checkbox"/> CHANGE : EFFECTIVE DATE: _____ / _____ / _____ (MMM/DD/YY)		
Type of Change: (if change box is checked, updated info and Effective Date of change are required)		
a) <input type="checkbox"/> Facility name change: Old name Was: _____ Existing facility # _____ b) <input type="checkbox"/> Facility address change/ <input type="checkbox"/> mailing address change c) <input type="checkbox"/> Owner change d) <input type="checkbox"/> Operator change		e) <input type="checkbox"/> Facility type/capacity change (may impact on permit fee) f) <input type="checkbox"/> Facility closed (voluntarily) Effective Date _____ g) <input type="checkbox"/> Other (specify) _____
Facility Information: HH Facility #: _____ Work Area: _____ EHO: _____	NON-PERMITTED FACILITY TYPE (check one)	
	FOOD STORE	PERSONAL SERVICE
Nexus Information: Nexus #: NX _____	<input type="checkbox"/> Retail Food Store <input type="checkbox"/> Attribute (define) _____ <input type="checkbox"/> Mobile Food Store – Type A <input type="checkbox"/> Attribute (define) _____	<input type="checkbox"/> Invasive <input type="checkbox"/> Attribute (define) _____ <input type="checkbox"/> Attribute (define) _____ <input type="checkbox"/> Non-invasive <input type="checkbox"/> Attribute (define) _____ <input type="checkbox"/> Attribute (define) _____
	FOOD - OTHER	OTHER (specify)
	<input type="checkbox"/> Processor <input type="checkbox"/> Attribute (define) _____ <input type="checkbox"/> Non-processor <input type="checkbox"/> Attribute (define) _____	<input type="checkbox"/> _____ <input type="checkbox"/> Attribute (define) _____