



Notification of Food Premises Opening

Business Name: _____
 Business Address: _____
 Mailing Address: _____ Postal Code: _____
 Owner: _____ Operator: _____
 Phone #: Home: _____ Business: _____

If corporate ownership
 Name/number: _____
 Address: _____ Postal Code: _____
 Phone #: _____
 Name of principal officer: _____

Type of food premises
 Type of food premises (i.e. Restaurant, take-out, butcher shop, etc.): _____
 Seasonal Operation (yes/no): _____ if yes, months of operation: _____
 Water Supply (municipal, private): _____
 (Note: if private specify drilled well, dug well or surface water and type of treatment if any, provide sample test results)
 Sewage Disposal (municipal, private): _____
 (note: if private indicate type. Attach plot plan showing location of system and of well)
 Number of seats (if restaurant): _____ (indoors) _____ (outdoors) _____
 Number of employees: _____ Number of management: _____

Proposed date of opening: _____

Applicant Position/Title

Date Signature

For office use only
 Initial Plan Review by: _____ Date: _____ File #: _____
 Plans Approved by: _____ Date: _____
 Premises inspected and approved by: _____ Date: _____