



Environmental Health
Health and Social Services
PO Box 1320, Yellowknife, NT X1A 2L9
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Phone 867 767-9066 (49262) Fax 867 669-7517
Email: Environmental_Health@gov.nt.ca

FOOD ESTABLISHMENT PERMIT APPLICATION/RENEWAL

If this is a renewal please indicate your permit number:

*Please indicate if there has been an ownership change since last permit was issued ___ Yes ___ No

I (we) hereby apply for a Food Establishment Permit. In support of this application, I (we) supply the following information: **(Please print clearly)**

NAME OF OPERATOR(S): _____

TRADE NAME (*Name of Food Establishment*): _____

STREET ADDRESS WHERE FOOD ESTABLISHMENT IS LOCATED:

_____ POSTAL CODE: _____

MAILING ADDRESS (if different than above):

_____ POSTAL CODE: _____

IF MOBILE UNIT: (a) SERIAL & LICENSE PLATE#: _____

(b) POSTED UNIT NUMBER: _____

(c) ADDRESS OF OPERATION BASE: _____

IF SEASONAL: (a) OPERATION START DATE: _____

(b) OPERATION END DATE: _____

FOOD SAFETY PROGRAM COMPLETION CERTIFICATION:

NAME OF PERSON(S) HOLDING CERTIFICATE: _____

NAME OF FOOD SAFETY PROGRAM: _____

NUMBER OF FOOD HANDLERS: (Count the *total* number of food handlers. Please count part-time staff, i.e. staff who work 20 hours or less, as ½).

0 – 5 6 – 10 11 – 15 15 – 20 >20

FOOD PREPARATION:

Does your business handle or involve any of the following? (Please put an "x" next to all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fresh / frozen meat | <input type="checkbox"/> Fresh / frozen poultry | <input type="checkbox"/> Fresh / frozen fish |
| <input type="checkbox"/> Frozen Foods | <input type="checkbox"/> Dairy products | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Deli Products | <input type="checkbox"/> Bakery (high risk) | <input type="checkbox"/> Bakery (low risk) |
| <input type="checkbox"/> Fruit and vegetables | <input type="checkbox"/> Confectionary | <input type="checkbox"/> Ice Cream |
| <input type="checkbox"/> Public/Mine water supply | <input type="checkbox"/> Private/Other water supply | <input type="checkbox"/> No food preparation |

Beverages Take-out foods only Table Service

VOLUME OF FOODS PRODUCED: (# of meals or equivalent produced/served in one day)

Less than 25 meals _____ 25-50 _____ 51-100 _____ 101-200 _____ More than 200 _____

CLIENTELE SERVED:

General Population _____ Majority Seniors _____ Majority Children (12 years and under)

FOOD ESTABLISHMENT DETAILS:

New Facility _____ Proposed Date of Opening _____

Existing Facility _____ Proposed Date of Opening _____ Original Date of Opening _____

HOURS OF OPERATION: _____

PHONE # _____ CELL / PAGER # _____

FAX # _____ E-MAIL _____

PERMIT CLASS AND FEE: (circle the Item Number corresponding to your food establishment)

<u>Item Number</u>	<u>Class of Permit</u>	<u>Term</u>	<u>Permit Fee</u>
1.	Annual Food Establishment	1 year	\$100
2.	Annual Non-profit Food Establishment	1 year	no fee
3.	Seasonal Food Establishment	2 weeks to 4 months	\$50
4.	Seasonal Non-profit Food Establishment	2 weeks to 4 months	no fee
5.	Temporary Food Establishment	less than 2 weeks	no fee

Please remit your payment to Financial Shared Services- 3rd Floor YK Centre or mailed to PO Box 1320, Yellowknife, NT X1A 2L9. Payments can be made by: cheque money order Visa Mastercard

Credit Card Number _____ Expiry date ____/____ CVC# _____

Name on credit card _____

SIGNATURE

PRINT NAME

DATE

FOR OFFICE USE ONLY

PREMISES TYPE:

Restaurant _____

Food Processor _____

Food Distributor _____

Non-Retail _____

Day Care _____

Seniors Facility _____

HAZARD RATING:

TERMS, CONDITIONS & RESTRICTIONS (Circle in reference list on next page or list starting at #12 Other)

PERMIT: APPROVED

REFUSED

Signature: _____

ENVIRONMENTAL HEALTH OFFICER

_____ **DATE**

Name: _____

REFERENCE LIST OF TERMS, AND CONDITIONS

1. Foods from approved sources only; i.e. No home-prepared foods.
 2. No preparation of food.
 3. Prepackaged foods only.
 4. Prepackaged low risk foods only.
 5. Whole raw fruit and vegetables only.
 6. Low hazard foods only (list foods) _____
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7. Approved for single service, disposable utensils only.
 8. Take-out foods only.
 9. For Establishments Lacking Ventilation or Using a Domestic Ventilation System: No cooking/frying with the use of a deep fat fryer, broiler, griddle, or any apparatus emitting grease-laden vapors.
 10. For Kitchen/Banquet Facilities – Community Halls: This food facility is equipped according to health requirements. Groups using this facility are responsible for the preparation of food in accordance with accepted health procedures. Contact Environmental Health Services for further information.
 11. Nil.
 12. Other:
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