



LICENSE APPLICATION / NEW PREMISE FORM

Please Print

New Premise
 Operator Change
 Address Change
 Premise Name Change _____
(Please indicate previous name)

Issue License Yes No License Expiry Date _____
(mm/dd/yyyy)

Premise Closed _____ Delist Premise _____
(mm/dd/yyyy) (mm/dd/yyyy)

Public Health Inspector

Andrew Carolus Michael Hayduk Ryan Philipation Chelsey Chabot

Premise Name _____ **Premise #** _____

Mailing Address: _____

City/Town: _____ **Postal Code** _____

Location Information: Parcel _____ Lot _____ Block _____ Plan _____

Street Address: _____

Section _____ Township _____ Range _____ West of _____ Meridian RM # _____

Rural Municipality of _____

Located at/near: _____
(Important: For purpose of filing)

Contact Information

Work Phone (_____) _____ Cell (_____) _____ Fax (_____) _____

Home Phone (_____) _____ Email Address _____

License Information

Operator / Manager Name _____

Corporation Name (Licensee) _____

Applicant's Name _____
(Please Print) (Signature)

Date of Application _____

Comments: _____

Facility Type:

<input type="checkbox"/> Abattoir (AB)	<input type="checkbox"/> Meat Processing (MP)	<input type="checkbox"/> School (S)
<input type="checkbox"/> Bake Shop (BS)	<input type="checkbox"/> Non-Potable Water (NPW)	<input type="checkbox"/> Swimming Pool (SP)
<input type="checkbox"/> Food Distribution (FD)	<input type="checkbox"/> Paddling Pool (PP)	<input type="checkbox"/> Water Bottling Facility (WB)
<input type="checkbox"/> Food Processing (FP)	<input type="checkbox"/> Personal Service Facility (PS)	<input type="checkbox"/> Water Hauler (WH)
<input type="checkbox"/> Institution (I)	<input type="checkbox"/> Public Eating Establishment (PEE)	<input type="checkbox"/> Water Theme Pool (WTP)
<input type="checkbox"/> Licensed Accommodation (LA)	<input type="checkbox"/> Public Water Supply (PW)	<input type="checkbox"/> Water Vending Machine (WV)
<input type="checkbox"/> Liquor Outlet (LO)	<input type="checkbox"/> Recreation/Public Facility (RPF)	<input type="checkbox"/> Whirlpool (WP)

PREMISE NAME: _____ **PREMISE #** _____

CHANGES MADE: Name Operator Licensee Mailing Address Closed Delisted