

## NOTICE OF INTENT TO OPERATE A FOOD PREMISE

In accordance with the [Ontario Regulation 493/17 Food Premises – Section 5](#), all food premises are required to notify the Medical Officer of Health at the Porcupine Health Unit of their operation. Completed and signed forms can be dropped off or faxed to any Porcupine Health Unit office or emailed to [inspections@porcupinehu.on.ca](mailto:inspections@porcupinehu.on.ca). If you require assistance, please call the Environmental Health department at (705)267-1181 (1-800-461-1818).

### BUSINESS INFORMATION

BUSINESS OR FOOD PREMISE NAME:	
PROPOSED DATE OF OPENING: YYYY-MM-DD	BUSINESS PHONE NUMBER: ###-###-####
BUSINESS ADDRESS: CITY/TOWN:	POSTAL CODE:
EMAIL:	WEBSITE:
CORPORATION NAME:	
CORPORATION ADDRESS: CITY/TOWN:	POSTAL CODE:
EMAIL:	CORPORATION PHONE NUMBER: ###-###-####
NAME OF PRINCIPAL OFFICER:	

### OWNER INFORMATION

OWNER NAME:	
OWNER ADDRESS: CITY/TOWN:	POSTAL CODE:
TELEPHONE: ###-###-#### Type: <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other (specify):	
EMAIL:	FAX: ###-###-####

### OPERATOR INFORMATION

OPERATOR NAME:	
OPERATOR ADDRESS: CITY/TOWN:	POSTAL CODE:
TELEPHONE: ###-###-#### Type: <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other (specify):	
EMAIL:	FAX: ###-###-####

### FOOD PREMISE INFORMATION

TYPE OF FOOD PREMISE:
SAMPLE MENU ITEMS:
NUMBER OF CERTIFIED FOOD HANDLERS:
HANDWASHING SINKS (number and locations):
COOKING EQUIPMENT:

