

APPLICATION FOR FOOD PREMISES PLAN REVIEW

Please submit the following application with two (2) sets of plans to the appropriate office (listed below).

FOOD PREMISES INFORMATION					
Name of Owner/Operator:					
Name of Premises:					
Address:					
Postal Code:		Telephone No.:			
Name of Applicant:					
Position of Applicant:		Telephone No.:			
<input type="checkbox"/> New Premises	<input type="checkbox"/> Premises Under Renovation	Private Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Private Sewage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Anticipated Start Date		Anticipated Completion Date			
TYPE OF FOOD PREPARATION		TYPE OF EQUIPMENT			
<input type="checkbox"/> No on-site preparation <input type="checkbox"/> Pre-packaged foods (no preparation or cooking required) <input type="checkbox"/> Non-hazardous foods (e.g. vegetables/fruits) to be prepared or cooked <input type="checkbox"/> Hazardous foods (e.g. dairy, fish, meat, poultry) to be prepared and cooked		Sinks: <input type="checkbox"/> Separate Handwashing Basin (<i>Provided within each food preparation area</i>) <input type="checkbox"/> Two-compartment Sink <input type="checkbox"/> Three-compartment Sink <input type="checkbox"/> Food Preparation Sink <input type="checkbox"/> Janitorial Sink Utensils for Patrons: <input type="checkbox"/> Single Use (i.e. disposable) <input type="checkbox"/> Multi-use Utensils (i.e. reusable cutlery and dishware)		Equipment: <input type="checkbox"/> Cooking Equipment <input type="checkbox"/> Mechanical Ventilation <input type="checkbox"/> Hot Holding Equipment <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Commercial Mechanical Dishwasher <input type="checkbox"/> Other:	

OFFICE USE ONLY			
Plan No.:		Area No.:	
Approval Date:		District PHI:	
Approval Date:		Second PHI:	

Health Services - Environmental Health
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