

This form must be completed for all new facilities and for any changes to facility information (PRINT IN BLOCK LETTERS)

Facility Name: (as it will appear on permit) Phone: () - Fax: () -

Facility Site Address: Postal Code: City: BC E-mail: Web site:

Legal (Company) Name: Business Licence # (if available):

Owner Legal Type: Sole Proprietor Partnership Corporation Other (define)

Owner's Name: Last Name First Name Home Phone: Mobile Phone:

Operator's Name: Last Name First Name Home Phone: Mobile Phone:

Type of Change: (if change box is checked, updated info and Effective Date of change are required)

a) Facility Name change: Old Name Was: Existing Facility # b) Facility Address Change/ Mailing Address Change c) Change in Conditions on Permit d) Owner Change - Invoice? Yes No e) Operator Change f) Facility Type/capacity change (may impact on permit fee) g) Facility closed (voluntarily) Date Effective Is there a secondary permit connected to this facility? Yes No h) Other (specify)

THE FOLLOWING MUST BE COMPLETED FOR OPERATING PERMIT FEE

Billing Account (for INVOICE mailing) same as facility OR: Account Owner (Billing Contact): E-mail: Address: City: Prov/State: Postal Code: Phone: Fax: Mailing Address: (for NON-BILLING mailing) same as facility OR: Address: City: Prov/State: Postal Code: Phone: Fax: Mail Permit Decal to: Facility Address Mailing Address (Permit decals are mailed to Billing Account Address unless indicated differently above)

Maximum Seating Capacity: seats Exempt Facility? Yes (If Yes, Exemption Request Form must be submitted with this form)

Secondary Permit? Yes IF YES, Facility # of Primary Site: (Secondary Permit only issued if under same roof and same owner)

Do you wish to have other facilities owned by you rolled up to one invoice? If so, please provide Facility #s here:

FOR SEASONAL PREMISES, CIRCLE WHICH MONTHS YOU ARE OPERATING (Include whole and partial months)

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Date of Application: Applicant's Signature:

THIS BOX MUST BE COMPLETED FOR ALL NEW APPLICATIONS Applicant's Name (Print):

Office Use Only

Is this a NEW Application or a CHANGE to facility information? NEW CHANGE: EFFECTIVE DATE: (MMM/DD/YY)

Facility Information: Permitted Facility Type (check one) Conditions on Permit: HH Facility #: Work Area: EHO: Billing Account Information: Account #: Account Work Area: FSE1 - Food Service Establishment - Type 1 Attribute (define) FSE2 - Food Service Establishment - Type 2 Attribute (define) Mobile Food Service - Type B Attribute (define) Mobile Food Service - Type C Attribute (define) FoodSafe, Food Safety Plan, & Sanitation Plan documentation to be provided within 90 Days Restricted Cooking - no grease laden vapours can be generated Single Service Utensils Only Seating restricted to 16 or less Other

Permit Fee Pro-Rating Calculations

Month Effective	Mobile Food Service	FSE ≤ 50 seats	FSE > 50 seats	Secondary Permit
April	\$75.00	\$150.00	\$250.00	\$75.00
May	\$75.00	\$137.50	\$229.17	\$75.00
June	\$75.00	\$125.00	\$208.33	\$75.00
July	\$75.00	\$112.50	\$187.50	\$75.00
August	\$75.00	\$100.00	\$166.67	\$75.00
September	\$75.00	\$87.50	\$145.83	\$75.00
October	\$75.00	\$75.00	\$125.00	\$75.00
November	\$75.00	\$62.50	\$104.17	\$75.00
December	\$75.00	\$50.00	\$83.33	\$75.00
January	\$75.00	\$37.50	\$62.50	\$75.00
February	\$75.00	\$25.00	\$41.67	\$75.00
March	\$75.00	\$12.50	\$20.83	\$75.00

Provincial Policy for Permit Fees:

- For seasonal establishments, the fee is based on number of months (partial or full) that the operation is open for business. For example, a seasonal concession that opens on May 15th and closes on September 8th is charged for 5 months.
- A facility is eligible for a reduced fee secondary permit (multiple permit) if it is BOTH under the same roof as the primary facility AND it's operated by the same owner. The primary facility is always the facility with the highest permit fee (for example, \$250.00 for a full restaurant).
- The secondary permit fee is not pro-rated, nor refundable. For example, there is no refund or pro-rating for a permit for a seasonal concession that closes down in the winter if it is charged the \$75.00 flat fee. They have the option of being charged the higher annual fee as a primary facility and have it pro-rated.
- Requests for refunds must be made on the appropriate Refund Application form and signed off by the Environmental Health Officer before submission to be billing clerk.

FOR CREDIT CARD PAYMENTS PLEASE COMPLETELY FILL OUT THE SECTION BELOW

Credit Card Payment Method: VISA MASTERCARD AMERICAN EXPRESS

Card #: _____

Expiry Date: _____ / _____
MM / YY

Permit Fee Amount: _____
(Amount to be charged on the credit card)

Name on Card: _____

Signature: _____