

Application For Food and/or Tobacco Licence

Service NL

Please answer all questions and type or print in ink

stablishment Name			Telephone
Street Address	City/Town	Province	Postal Code
usiness Information			
egal Organization Name			
Owner(s)			
usiness Mailing Address	0		
2.0. Box Street #	Street Name Postal Code	Telephone	Facsimile
perator/Manager		E-Mail Address	
Complete ONLY <u>Section B</u> if applying Complete BOTH <u>Sections A & B</u> if ap Section A - Tobacco Licence Infori	plying for both Food and Tobacco	Licences.	
Section B - Food Licence Informat	ion		
Retail Corner Store Restaurar	nt Bakery Bakery	Supermark	ot
Take-out De	li Mobile Cart	Meat/fish Specialty Sho	op
Snack Bar Lunch Counte	er Mobile Prep. Van	Oth	er
ypes of Food Served/Sold on Premises			
ypes of Food Manufactured on Premises			
ypes of Prepackaged Food			
lame of Distributor(s)			
Seasonal Operation?			
No Yes Number of Persons	If Yes, Indicate Months of Operation		End
Frained in Food Hygiene	e of Course	Date of Course C	ompletion
stablishment Information		,	
Previously operated establishment under	er new ownership?		New establishment?
Previous name	of establishment?	Newly	renovated establishment?
	· · · · · · · · · · · · · · · · · · ·	e	
Complete the reverse side of this application Additional Fire and Life Safety and Building Accellation I certify that the information given on this application	ssibility applications must also be compl	eted and are available from the	
Additional Fire and Life Safety and Building Acce	essibility applications must also be complete to the best Date	eted and are available from the	
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PRIVACY NOTICE

The Government Service Centre collects personal information relating to private food premises under the authority of the Food and Drug Act and the Tobacco Control Act. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Protection of Privacy (ATIPP) Act. If you have any questions about the collection or use of this information, please contact Government Service Centre representative at your nearest Service NL office.

Room Sizes									
Food Service Area Food Preparation Area					Co. Matura (fort	Storage R			
Maximum Seating	Sq. Metres (feet) Maximum Seating Capacity			App	Sq. Metres (feet) Sq. Metres (feet Approximate Number Of Customers Per Day (if Known)				
Materials and		(* Material	s used mu	st be of a ı	non-	absorbent, cl	eanable,	smooth natu	ıre)
* Floor	-			* C	eiling	eilings Lighting			
Hot Holding Equip	ment								
Refrigeration: Domestic Commercial					Ventilation: Natural Mechanical				
Utensil Sanitat	ion								
Disposal Only Ye	isposal Only Yes No 2 - Compartment Sink			ment Sink		3 - Compartment Sink			
Handwashing Sink			Mechanical Dishwashing			Hot Water Supply: Type			
Food Service A	·								
* Floor	ea	* Walls		* C	eiling	(S		Lighting	
Hot Holding Equip	ment								
	inent								
Ventilation: Natu	ral	Mechar	nical If ye	es, specify type	e and	capacity (CFMS) o	of Venitlation	Equipment	
Food Storage A	rea								
* Floor		* Walls		* C	eiling	ings		Lighting	
Refrigeration?		Shelving		Pal	allets		Separate Chemical/cleaner Storage		
Washrooms		l		I				1	
* Floor			* Walls				* Ceilings		
Soap Dispensers		Paper Towel Dispensers				Waste Receptacles			
Female:		Ma	 ale:					Ventilation:	
# Toilets	# Sinks		[£] Toilets	# Urinals		# Sinks		Natural	Mechanical
Garbage/Waste	Disposal								
Watertight Covere	Watertight Covered Containers					Storage Area Location			
Municipal Remova	al F	requency				Private Removal Frequency			ncy
application form by municipal wa	should be mad ter and sewer s	le available t ervices you r	o your local (must complet	City or Munici te an Applica	pal (tion f	ached to this app Council. Also, if th to Develop Land. ete to the best o	ne propose	d food establis	or plan and this hment is not service
Signature of Applicant				Date					
Please return c	_		one of the fo	ollowing Gov	ernn	nent Service Ce	entre office	es:	
ST. JOHN'S 5 Mews Place P. O. Box 8700 St. John's, NL A1B 4J6 Tel: (709) 729-6362 Fax: (709) 729-7400	HARBOUR GRA 7-9 Roddick Cress P. O. Box 512 Harbour Grace, N AOA 2M0 Tel: (709) 945-31 Fax: (709) 945-31	cent S 8A M NL Cla / 07 Tel: (7	ARENVILLE Juite 201 yers Avenue renville, NL 45A 1N2 09) 466-4060 709) 466-4070	GANDER Fraser Mall P. O. Box 2222 Gander, NL A1V 2N9 Tel: (709) 256-14 Fax: (709) 256-14	120	GRAND FALLS-WIND 3 Cromer Ave. Grand Falls-Windsor A2A 1W9 Tel:(709) 292-420 Fax:(709) 292-452	Sir F ;,NL 6 28 T	CORNER BROOK Richard Squires Bldg. P. O. Box 2006 Corner Brook, NL A2H 6J8 el: (709) 637-2204 ax: (709) 637-2681	HAPPY VALLEY-GOOSE B/ 2 Tenth Street P. O. Box 3014, Stn. B Happy Valley-Goose Bay, N AOP 1E0 Tel: (709) 896-5428 Fax: (709) 896-4340
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For Office Use (Classification	IIIY		Trade(s)		c	lassification			Trade(s)
Food Retailing					_	od Production			
Food Preparation					Fo	od Manufacturing			
Environmental Healt	h Officer				Da	ate			
Licence Year					RS	SN #			