

**ENVIRONMENTAL HEALTH SERVICES  
APPLICATION FOR A PERMIT  
TO OPERATE A FOOD PREMISES**

In accordance with provisions pursuant to the *Public Health and Safety Act*, I hereby apply for permission to operate a food premises and in support of this application supply the following information:

PLEASE PRINT		PLEASE REVIEW REVERSE SIDE PRIOR TO COMPLETING			USE N/A, IF NOT APPLICABLE	
1. PREMISES (TRADE NAME) <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		IF EXISTING, PREVIOUSLY KNOWN AS:				
2. LEGAL DESCRIPTION				PLAN NUMBER		
3. MUNICIPAL ADDRESS (if applicable)				POSTAL CODE		
4. MAILING ADDRESS		☐ SAME AS MUNICIPAL ADDRESS			POSTAL CODE	
5. PHONE No.		6. FAX No. <input type="checkbox"/> SAME AS PHONE #	7. E-MAIL ADDRESS			
IF A MOBILE UNIT, ALSO COMPLETE 8 TO 11			ATTACH PHOTOGRAPH(S) OF MOBILE UNIT			
8. SERIAL #		9. LICENSE PLATE NO.		PROVINCE / TERRITORY		<input type="checkbox"/> YUKON
10. SITE LOCATION(S) OF MOBILE UNIT			11. BASE ADDRESS		<input type="checkbox"/> SAME AS LEGAL/MUNICIPAL	
OPERATOR / OWNER						
12. OPERATOR			13. BUSINESS NAME			
14. OPERATOR'S MAILING ADDRESS (CURRENT AND OFF-SEASON)						
15. OPERATOR'S PHONE No.		16. FAX No. <input type="checkbox"/> SAME AS PHONE #	17. E-MAIL ADDRESS			
18. BUILDING AND/OR LAND OWNER (if different from Operator)		MAILING ADDRESS			PHONE NUMBER	
FACILITY / FOOD SERVICE						
19. MANAGER or HEAD CHEF (if different from Operator)				20. PHONE No. <input type="checkbox"/> SAME AS PREMISES		
21. PROPOSED DATE TO OPEN/OPERATE		22. DAYS & HOURS OF OPERATION		23. IF SEASONAL, LIST MONTHS OF OPERATION		
24. No. OF STAFF	25. SEATING CAPACITY	26. FOOD SERVICE		ATTACH MENU	27. HACCP SYSTEM	
		<input type="checkbox"/> LIQUOR SERVED	<input type="checkbox"/> SINGLE SERVICE UTENSILS ONLY	<input type="checkbox"/> BUFFET SERVICE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPLETE FOR NEW PREMISES OR CHANGES TO AN EXISTING PREMISES					ATTACH A FLOOR PLAN	
28. POTABLE WATER SUPPLY		29. SEWAGE DISPOSAL		30. GREASE TRAP	31. GARBAGE DISPOSAL	
<input type="checkbox"/> MUNICIPAL, OR <input type="checkbox"/> OTHER, ATTACH FORM A		<input type="checkbox"/> MUNICIPAL, OR <input type="checkbox"/> OTHER, ATTACH FORM A		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MUNICIPAL, OR <input type="checkbox"/> OTHER, ATTACH FORM A	
32. PUBLIC SANITARY FACILITIES (No. OF)			33. OTHER, DESCRIBE	34. STAFF SANITARY FACILITIES (No. OF)		
WOMEN'S TOILET(S)	BASIN(S)	MEN'S TOILET(S)	BASIN(S)	URINAL(S)	TOILET(S)	BASIN(S)
					CHANGE ROOM	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am familiar with the regulations and good public health practices that pertain to the operation of a food premises; and declare that, to the best of my knowledge, the information submitted is accurate.						
SIGNATURE OF OPERATOR			PRINT NAME		DATE	
OFFICE USE ONLY						
DISTRICT E.H.O.	REVIEWED BY		<input type="checkbox"/> DISTRICT E.H.O.	NEIGHBOURHOOD	FREQUENCY	REVIEW DATE
					DAYS	
PERMIT TO OPERATE				FACILITY TYPE		
<input type="checkbox"/> ISSUE	<input type="checkbox"/> ISSUE CONDITIONAL UPON ON-SITE INSPECTION					
<input type="checkbox"/> ISSUE WITH THE FOLLOWING CONDITIONS:				DATE ISSUED	PERMIT NUMBER	

1. **PREMISES (TRADE NAME)** is the name that would be used for a business license.
  - Mark new, if the operation is in a new building, or if a building that was not previously a food premises has been renovated to accommodate your operation.
  - Mark existing, if a food premises is or has already been operating at that location.
2. **LEGAL DESCRIPTION** is the description used on the land title and should include a lot number, quad number and section letter and number.
10. **SITE LOCATION(S)** is/are the physical location(s) of the mobile unit when in operation.
11. **BASE ADDRESS** is the location where the mobile unit returns to for cleaning.
12. **OPERATOR** is the person whose name will be on the permit and is the owner of the food operation, but may or may not be the owner of the building and/or land.
13. **BUSINESS NAME** is the name registered with Corporate Affairs, Yukon Government for a sole proprietorship, partnership or limited company.
27. **HACCP SYSTEM** means a Hazardous Analysis Critical Control Point System that has a formal food safety plan that includes: taking and logging temperatures; identifying critical control points and setting critical limits within a menu or HACCP flow plan; monitoring that critical limits are met; and verifying that the HACCP system is working.

**FLOOR PLAN** must be attached for all new premises, renovated premises and for premises for which a floor plan of the current operation has not been supplied. The floor plan shall include:

- detailed diagram, reasonable sized to scale (give dimensions) on a maximum 8 1/2" x 14" sized sheet of paper (may be hand drawn).
- show all areas, including dining area (seating), washrooms (toilets, urinals, wash basins), staff room, storage rooms, food preparation area, etc.
- show all essential equipment, including stoves, fryers, refrigeration units, freezers, handwashing sinks, etc.
- describe the type of finish on all surfaces.
- describe lighting and method of ventilation.

**Please submit application form to:**

**Environmental Health Services**

#2 Hospital Road  
Whitehorse, Yukon Y1A 3H8

Phone: (867) 667-8391

Fax: (867) 667-8322

Toll Free (in Yukon) 1-800-661-0408, ext. 8391

E-mail Address: [environmental.health@gov.yk.ca](mailto:environmental.health@gov.yk.ca)