

Food Facility Application Form

First Nations Health Authority
 Environmental Public Health Services
 Kamloops office - #770 – 175 2nd Ave, Kamloops, B.C. V2C 5W1
 FAX: (250) 851-4838

Please complete application and fax, mail or email to Environmental Health Officer.

First Nation/Community:		Operator:	
Facility Name:			
Address:		Postal Code:	
Email Address:		Phone Number:	
Ownership Type: Band <input type="checkbox"/> Leased Land <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/>		Fax Number:	
Facility Type: Food Service Establishment <input type="checkbox"/> Mobile <input type="checkbox"/> Food Store/Retail <input type="checkbox"/> Food Other <input type="checkbox"/> (Specify: _____)			
Facility is Open: All Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/>		For Seasonal Facility, please circle the months you are operating: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	
Sewage Waste Disposal: Septic System <input type="checkbox"/> Community Sewer <input type="checkbox"/>		Water Supply: Private Well <input type="checkbox"/> Community Water System <input type="checkbox"/>	

Submit the following to Environmental Health Officer (EHO) at First Nations Health Authority:

1. Floor Plan, equipment list and specifications (for new or alterations to existing facility)
 - Submit this prior to construction of new facility and/or alterations to existing facility (ensure to obtain health approval prior to beginning construction/renovation)
2. Full Menu
3. Food Safety Plan
4. Sanitation Plan
5. FOODSAFE or equivalent training certificate (for operator and alternate staff)

Remember to arrange for a final inspection of the facility prior to opening/operating. Contact your Environmental Health Officer for more information and if you have any questions.

Signature of Applicant:	Applicant's Name (Print):	Date of Application:
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OFFICE USE ONLY - Application Review (to be completed by Environmental Health Officer)	
<input type="checkbox"/> Issue Certificate of Compliance (Effective Date: _____)	
Signature of Environmental Health Officer	Date