

**REGISTRATION FORM / PERMIT INFORMATION
FOOD HANDLING ESTABLISHMENTS**

PURSUANT TO MANITOBA REGULATION 339/88R

1. COMMON NAME OF ESTABLISHMENT: _____
 2. LEGAL NAME OF ESTABLISHMENT: _____
 3. SITE ADDRESS OF ESTABLISHMENT: (Street Address) _____

(City) _____ (Province) _____ (Postal Code) _____

TELEPHONE: () _____ FAX: () _____

4. MAILING ADDRESS OF ESTABLISHMENT: (Street Address) _____

(City) _____ (Province) _____ (Postal Code) _____

TELEPHONE: () _____ FAX: () _____

5. BUSINESS TYPE: COMPANY NAME _____ PARTNERSHIP
 SOLE PROPRIETORSHIP CO-OPERATIVE

6. OWNER/CONTACT: (Name) _____ (Driver's License #) _____

ADDRESS: (Street Address) _____

(City) _____ (Province) _____ (Postal Code) _____

TELEPHONE: () _____ CELL: _____ EMAIL: _____

7. PROPOSED OPENING DATE: _____

8. PLEASE CHECK ONE OF THE FOLLOWING:

- NEW OWNER EXTENSIVE REMODELLING
 NEW CONSTRUCTION BASIC REGISTRATION

9. TYPE OF ESTABLISHMENT: (Check appropriate boxes.)

- FOOD WAREHOUSE FOOD PROCESSING – GRAINS & OILS
 FOOD PROCESSING – BOTTLING PLANT / ICE FOOD PROCESSING – MEAT & FISH
 FOOD PROCESSING – DAIRY, EGG OR HONEY FOOD PROCESSING – MEAT SLAUGHTER
 FOOD PROCESSING – FOOD MANUFACTURING FOOD PROCESSING – UNINSPECTED MEAT
 FOOD PROCESSING – FRUITS & VEGETABLES OTHER _____

10. FOOD SAFETY PROGRAM: YES NO

11. PLAN: (Attach except for change in ownership.)

A site plan, to scale, which includes the boundaries delineating the area under inspection control, the location of all buildings on the premises, access roadways, fences, and ancillary structures; and the separation distances from other industrial, commercial, municipal and residential structures.

A building plan, to scale, including a floor plan of each level, plumbing diagram; the purpose of each room or area, location of walls, partitions, windows, doors, conveyor rails, refrigeration, freezers and all equipment. The floor plan shall also show location and size of floor drains, curbing, and slope of floors and hot and cold water outlets.

12. PRODUCT(S) DESCRIPTION (Attach list)

_____ DATE

_____ SIGNATURE OF OWNER/REPRESENTATIVE

****NOTE: ORIGINAL SIGNED COPY TO BE SUBMITTED TO HEALTH OFFICER.**