

PLEASE CHECK ONE OF THE FOLLOWING:

- BASIC REGISTRATION     
  NEW OWNER     
  NEW CONSTRUCTION     
  EXTENSIVE REMODELLING

(If new operation, please specify opening date) \_\_\_\_\_

NAME OF FOOD ESTABLISHMENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS FOR BUSINESS:

- SAME AS ABOVE   
  ALTERNATE MAILING ADDRESS (i.e. P.O.Box): \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**LEGAL OWNER OF BUSINESS:** (Owner or Company Applying for Permit)

Company Name \_\_\_\_\_

Partnership \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Driver's License # \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ON SITE CONTACT PERSON: \_\_\_\_\_

**FOOD HANDLER CERTIFICATE:**     
 YES     
 NO     
 If Yes, date of issuance: \_\_\_\_\_

Food Handler Certificate is NOT required outside of the City of Winnipeg but is recommended.

**PLAN SUBMITTED: (Required for new construction or extensive remodelling).**   
 YES     
 NO

A detailed drawing showing food preparation, processing, storage, service areas, washrooms, refrigeration facilities, equipment layout, and a listing of equipment and construction materials in food preparation areas is to be provided.

**PROPOSED MENU PROVIDED:**   
 YES     
 NO

DATE

SIGNATURE OF OWNER/REPRESENTATIVE

For Office Use Only: (CHECK APPROPRIATE BOX)

Food Service Permanent:

<input type="checkbox"/>	Banquet Hall	<input type="checkbox"/>	BevRm/Lounge	<input type="checkbox"/>	Caterer	<input type="checkbox"/>	Concession/Kiosk	<input type="checkbox"/>	Deli
<input type="checkbox"/>	Institution/Cafeteria	<input type="checkbox"/>	Takeout	<input type="checkbox"/>	Restaurant (#seats___)	<input type="checkbox"/>	Seasonal	<input type="checkbox"/>	Other (Specify) _____

Food Service Mobile:

<input type="checkbox"/>	Coffee Truck	<input type="checkbox"/>	Commissary	<input type="checkbox"/>	Push Cart	<input type="checkbox"/>	Self Contained- Full Menu	<input type="checkbox"/>	Self Contained-Ltd Menu
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Food Retail:

<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Banquet Hall	<input type="checkbox"/>	Butcher Shop	<input type="checkbox"/>	Concession (No Prep)	<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Other (Specify) _____
<input type="checkbox"/>	Fish/Seafood	<input type="checkbox"/>	Food Bank	<input type="checkbox"/>	Grocery	<input type="checkbox"/>	Hawker	<input type="checkbox"/>	Ice Retailer	<input type="checkbox"/>	