

# Application For Food and/or Tobacco Licence

Please answer all questions and type or print in ink

## Establishment Name and Location

1	Establishment Name			Telephone
	Street Address	City/Town	Province	Postal Code

## Business Information

2	Legal Organization Name			
	Owner(s)			
	Business Mailing Address			
	P. O. Box	Street #	Street Name	
	City/Town	Postal Code	Telephone	Facsimile
	Operator/Manager		E-Mail Address	

3	Complete ONLY <b>Section A</b> if applying for a Tobacco Licence. Complete ONLY <b>Section B</b> if applying for a Food Licence Complete BOTH <b>Sections A &amp; B</b> if applying for both Food and Tobacco Licences.
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### Section A - Tobacco Licence Information

Retail ☐ Wholesale ☐

### Section B - Food Licence Information

Retail Corner Store ☐ Restaurant ☐ Bakery ☐ Supermarket ☐  
 Take-out ☐ Deli ☐ Mobile Cart ☐ Meat/fish Specialty Shop ☐  
 Snack Bar ☐ Lunch Counter ☐ Mobile Prep. Van ☐ Other ☐ \_\_\_\_\_

Types of Food Served/Sold on Premises

Types of Food Manufactured on Premises

Types of Prepackaged Food

Name of Distributor(s)

Seasonal Operation? No ☐ Yes ☐ If Yes, Indicate Months of Operation: Start \_\_\_\_\_ End \_\_\_\_\_

Number of Persons Trained in Food Hygiene	Name of Course	Date of Course Completion
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## Establishment Information

4	Previously operated establishment under new ownership? <input type="checkbox"/>	New establishment? <input type="checkbox"/>
	Previous name of establishment? <input type="checkbox"/> _____	Newly renovated establishment? <input type="checkbox"/>

5	Complete the reverse side of this application if constructing a new establishment or renovating an existing establishment. Additional Fire and Life Safety and Building Accessibility applications must also be completed and are available from the Government Service Centre.
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6	I certify that the information given on this application is correct and complete to the best of my knowledge.
	Signature of Applicant <div style="border: 1px solid black; height: 40px; width: 400px;"></div>

Date

Y	Y	Y	Y	M	M	D	D

7	Complete the following on page 2 for a new establishment/renovation. This application <u>must be</u> submitted <b>two weeks</b> prior to construction.
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### PRIVACY NOTICE

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

**Room Sizes**

<b>8</b> Food Service Area	Food Preparation Area	Storage Room(s)
Sq. Metres (feet)	Sq. Metres (feet)	Sq. Metres (feet)
Maximum Seating Capacity		Approximate Number of Customers Per Day (if Known)

**Materials and Equipment (\* Materials used must be of a non-absorbent, cleanable, smooth nature)****Food Preparation Area**

<b>9</b> * Floor	* Walls	* Ceilings	Lighting
Hot Holding Equipment			
Refrigeration: Domestic Commercial		Ventilation: Natural Mechanical	

**Utensil Sanitation**

<b>10</b> Disposal Only Yes <input type="checkbox"/> No <input type="checkbox"/>	2 - Compartment Sink	3 - Compartment Sink
Handwashing Sink	Mechanical Dishwashing	Hot Water Supply: Type

**Food Service Area**

<b>11</b> * Floor	* Walls	* Ceilings	Lighting
Hot Holding Equipment			
Ventilation: Natural Mechanical If yes, specify type and capacity (CFMS) of Ventilation Equipment			

**Food Storage Area**

<b>12</b> * Floor	* Walls	* Ceilings	Lighting
Refrigeration?	Shelving	Pallets	Separate Chemical/cleaner Storage

**Washrooms**

<b>13</b> * Floor	* Walls	* Ceilings
Soap Dispensers	Paper Towel Dispensers	Waste Receptacles
Female: # Toilets # Sinks	Male: # Toilets # Urinals # Sinks	Ventilation: Natural Mechanical

**Garbage/Waste Disposal**

<b>14</b> Watertight Covered Containers	Storage Area Location
Municipal Removal Frequency	Private Removal Frequency

**NOTE**

A copy of the floor plans for the proposed food establishment must be attached to this application. A copy of the floor plan and this application form should be made available to your local City or Municipal Council. Also, if the proposed food establishment is not serviced by municipal water and sewer services you must complete an Application to Develop Land.

I certify that the information given on this application is correct and complete to the best of my knowledge.

Signature of Applicant

Date

**Please return completed application to one of the following Government Service Centre (GSC) offices:**

<b>15</b>	<b>MOUNT PEARL</b> Motor Registration Bldg. P. O. Box 8700 St. John's, NL A1B 4J6 Tel: (709) 729-6362 Fax: (709) 729-3980	<b>HARBOUR GRACE</b> 7-9 Roddick Crescent P. O. Box 512 Harbour Grace, NL A0A 2M0 Tel: (709) 945-3107 Fax: (709) 945-3114	<b>CLARENVILLE</b> Suite 201 8A Myers Avenue Clarenville, NL A5A 1N2 Tel: (709) 466-4060 Fax: (709) 466-4070	<b>GANDER</b> Fraser Mall P. O. Box 2222 Gander, NL A1V 2N9 Tel: (709) 256-1420 Fax: (709) 256-1438	<b>GRAND FALLS-WINDSOR</b> 3 Cromer Ave. Grand Falls-Windsor, NL A2A 1W9 Tel: (709) 292-4206 Fax: (709) 292-4528	<b>CORNER BROOK</b> Sir Richard Squires Bldg. P. O. Box 2006 Corner Brook, NL A2H 6J8 Tel: (709) 637-2204 Fax: (709) 637-2681	<b>HAPPY VALLEY-GOOSE BAY</b> 2 Tenth Street P. O. Box 3014, Stn. B Happy Valley-Goose Bay, NL A0P 1E0 Tel: (709) 896-5428 Fax: (709) 896-4340
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**To email applications, please call your nearest GSC office for a local email address**

**For Office Use Only**

<b>Classification</b>	<b>Trade(s)</b>	<b>Classification</b>	<b>Trade(s)</b>
Food Retailing		Food Production	
Food Preparation		Food Manufacturing	
Environmental Health Officer		Date	
Licence Year		RSN #	