

NOTICE OF INTENT TO OPERATE A MOBILE FOOD PREMISES

Proposed Date of Opening: _____	<i>(Office Use Only)</i>
	File #: _____ Risk: _____ Plate/VIN #: _____

Business Name: _____ Business Phone Number: _____

Business Address: _____
Unit # Street City/Province Postal Code

Email: _____ Website: _____

Owner Name: _____ Home Phone Number: _____

Email: _____ Cell Phone Number: _____

Owner Address: _____
Unit # Street City/Province Postal Code

Operator Name: _____ Home Phone Number: _____

Email: _____ Cell Phone Number: _____

Operator Address: _____
Unit # Street City/Province Postal Code

Corporation Name / Number: _____ Phone Number: _____

Corporation Address: _____
Unit # Street City/Province Postal Code

Name of Principal Officer: _____

Type of Mobile Food Premises: Truck Trailer Cart Other: _____

Total Number of Units: _____ Seasonal: Yes No

Food Prepared or Sold: _____

Food Suppliers: _____

Water Supply: Municipal Private Tank Gauges

Waste Holding Tanks: Yes No Tank Gauges Disposal Location: _____

Operating Location: Fixed Roaming

Address (if fixed location): _____

PLEASE NOTE THE FOLLOWING

1. Section 16(2) of Ontario Health Protection and Promotion Act, R.S.O. 1990, c. H.7 requires that every person who intends to commence to operate a food premise shall give notice of his/her intention to the Medical Officer of Health of the health unit in which the food premise will be located.
2. The personal information on this form is collected under the authority of *The Health Protection and Promotion Act, R.S.O. 1990, c. H.7*. It will be used for ownership identification and enforcement of the Act and the applicable Regulations under the Act. Contact David Pavletic, Food Safety & Healthy Environments Manager at 519-663-5317 ext. 2303 if you have further questions. Copies of the Act and the Regulations are also available at www.ontario.ca/laws.

Name of Owner / Operator submitting form (Please print name clearly)

Date

Comments:

<p>London Office: 355 Wellington St, Suite 110, London, ON, N6A 3N7 Strathroy Office: 51 Front St. E., Strathroy, ON N7G 1Y5 www.healthunit.com</p>	<p>tel: (519) 663-5317 fax: (519) 663-9276 inspections@mlhu.on.ca</p>
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