

## Notice of Intent to Operate a Food Premises

Email your completed form to [EnvironmentalHealth@bchu.org](mailto:EnvironmentalHealth@bchu.org) or fax to 519-753-2140.

Business Information	
Business Name:	
Legal Name (if different than above):	
Type of Business:	Proposed Date of Opening:
Site Address:	Phone:
Fax:	
City/Town:	Postal Code:
Proposed Number of Seats:	Proposed Number of Employees:
Year-round <input type="checkbox"/> or Seasonal <input type="checkbox"/> If Seasonal, Months of Operation:	
Water Supply:   Municipal <input type="checkbox"/> Private <input type="checkbox"/>	
Sewage Supply:   Municipal <input type="checkbox"/> Private <input type="checkbox"/>	
Mailing Address (if different than site address above)	
Address:	Telephone:
Fax:	
City/Town:	Postal Code:
Owner and Operator Information	
Owner Name:	Operator Name:
Phone:	Phone:
Email Address:	Email Address:

## BRANT COUNTY HEALTH UNIT

[EnvironmentalHealth@bchu.org](mailto:EnvironmentalHealth@bchu.org)

Fax: 519-753-2140

519-753-4937 ext. 470

[www.bchu.org](http://www.bchu.org)