



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

Notice Of Intent To Operate a Food Premise

inspections@neph.ca

1-877-442-1212

169 Pine Street South,

Postal Bag 2012

Timmins, ON P4N 8B7

In accordance with the [Ontario Regulation 493/17 Food Premises – Section 5](#), all food premises are required to notify the Medical Officer of Health at Northeastern Public Health of their operation. Completed and signed forms can be emailed, mailed or dropped off to any Northeastern Public Health office. If you require assistance, please call the Environmental Health department at 1-877-442-1212.

BUSINESS INFORMATION

BUSINESS OR FOOD PREMISE NAME:	
PROPOSED DATE OF OPENING: YYYY-MM-DD	BUSINESS PHONE NUMBER:
BUSINESS ADDRESS:	
CITY/TOWN:	POSTAL CODE:
EMAIL:	WEBSITE:
CORPORATION NAME:	
CORPORATION ADDRESS:	
CITY/TOWN:	POSTAL CODE:
EMAIL:	CORPORATION PHONE NUMBER:
NAME OF PRINCIPAL OFFICER:	

OWNER INFORMATION

OWNER NAME:	
OWNER ADDRESS:	
CITY/TOWN:	POSTAL CODE:
TELEPHONE:	Type: <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other (specify):
EMAIL:	FAX:

OPERATOR INFORMATION

OPERATOR NAME:	
OPERATOR ADDRESS:	
CITY/TOWN:	POSTAL CODE:
TELEPHONE:	Type: <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other (specify):
EMAIL:	FAX:

FOOD PREMISE INFORMATION

TYPE OF FOOD PREMISE:	
SAMPLE MENU ITEMS:	
NUMBER OF CERTIFIED FOOD HANDLERS:	
HANDWASHING SINKS (number and locations):	
COOKING EQUIPMENT:	
DISHWASHING: <input type="checkbox"/> manual <input type="checkbox"/> mechanical	Number of sinks: - Type:
WASHROOMS: <input type="checkbox"/> staff <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> public <input type="checkbox"/> yes <input type="checkbox"/> no	
GARBAGE: <input type="checkbox"/> bulk bin <input type="checkbox"/> curbside <input type="checkbox"/> other (specify):	
WATER: <input type="checkbox"/> municipal <input type="checkbox"/> non-municipal *(non-municipal sources will require an assessment by Northeastern Public Health)	
SEWAGE: <input type="checkbox"/> municipal <input type="checkbox"/> *private (specify): * (non-municipal (private) sewage disposal will require an assessment by Northeastern Public Health)	
TOBACCO SALES: <input type="checkbox"/> yes <input type="checkbox"/> no	PATIO: <input type="checkbox"/> yes <input type="checkbox"/> no
MOBILE FOOD PREMISE: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE OF MOBILE FOOD PREMISE: <input type="checkbox"/> truck <input type="checkbox"/> trailer <input type="checkbox"/> cart <input type="checkbox"/> other (specify type): SEASONAL? <input type="checkbox"/> Yes <input type="checkbox"/> No WATER SUPPLY TANKS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> tank gauge WASTE HOLDING TANKS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> tank gauge OPERATING LOCATION? <input type="checkbox"/> roaming <input type="checkbox"/> fixed (specify location):	
DETAILED FLOOR PLAN INCLUDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL NOTES ON PROPOSED FOOD PREMISE:

--

Print: _____ Sign: _____ Date: _____

For Office Use Only - Date Received :

Disponible en Français

Revised: 2025.12.05 2/2