Manitoba Health

REGISTRATION FORM/PERMIT APPLICATION

www.manitoba.ca/healthprotection

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 APPRORIATE BOX)

Food Service Permanent:

	Banquet Hall		BevRm/Lounge		Caterer		Concession/Kiosk		Deli
	Institution/Cafeteria		Takeout		Restaurant (#seats___)		Seasonal		Other (Specify)_____

Food Service Mobile:

	Coffee Truck		Commissary		Push Cart		Self Contained- Full Menu		Self Contained-Ltd Menu

Food Retail:

	Bakery		Banquet Hall		Butcher Shop		Concession (No Prep)		Convenience Store		Other (Specify)_____
	Fish/Seafood		Food Bank		Grocery		Hawker		Ice Retailer		

PLEASE RETURN THE REGISTRATION FORM TO

healthprotection@gov.mb.ca