



Service NL

# 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 **Section A** if applying for a Tobacco Licence.  
 Complete ONLY **Section B** if applying for a Food Licence  
 Complete BOTH **Sections A & B** if applying for both Food and Tobacco Licences.

### 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.

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

Signature of Applicant	Date
_____	Y Y Y Y M M D D / /

7 Complete the following on page 2 for a new establishment/renovation. This application must be submitted **two weeks** prior to construction.

### PRIVACY NOTICE

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

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**Room Sizes**

<b>8</b> Food Service Area _____ Sq. Metres (feet)	Food Preparation Area _____ Sq. Metres (feet)	Storage Room(s) _____ 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
<b>To email applications, please call your nearest GSC office for a local email address</b>						

**For Office Use Only**

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