

**REGISTRATION FORM/PERMIT INFORMATION
FOOD AND FOOD HANDLING ESTABLISHMENTS**

PURSUANT TO MANITOBA REGULATION 339/88R

1. NAME OF ESTABLISHMENT: _____

2. SITE ADDRESS OF ESTABLISHMENT: (Street Address) _____
(City) _____ (Province) _____ (Postal Code) _____

TELEPHONE: () _____ FAX: () _____

3. MAILING ADDRESS OF ESTABLISHMENT: (Street Address) _____
(City) _____ (Province) _____ (Postal Code) _____

TELEPHONE: () _____ FAX: () _____

4. BUSINESS TYPE: COMPANY NAME _____ PARTNERSHIP
 SOLE PROPRIETORSHIP

5. OWNER/CONTACT: (Name) _____ (Driver's License #) _____

ADDRESS: (Street Address) _____
(City) _____ (Province) _____ (Postal Code) _____

TELEPHONE: () _____ CELL: _____ EMAIL: _____

6. PROPOSED OPENING DATE: _____

7. PLEASE CHECK ONE OF THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> NEW OWNER | <input type="checkbox"/> EXTENSIVE REMODELLING |
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> BASIC REGISTRATION |

8. TYPE OF ESTABLISHMENT: (Check appropriate boxes.)

- | | |
|---|--|
| <input type="checkbox"/> RESTAURANT (No. Seats _____) | <input type="checkbox"/> MOBILE FOOD UNIT |
| <input type="checkbox"/> CATERER | <input type="checkbox"/> CONCESSION/KIOSK |
| <input type="checkbox"/> RETAIL FOOD STORE | <input type="checkbox"/> TAKEOUT |
| <input type="checkbox"/> BAKERY | <input type="checkbox"/> DELICATESSEN |
| <input type="checkbox"/> BANQUET HALL | <input type="checkbox"/> INSTITUTION/CAFETERIA |
| <input type="checkbox"/> BUTCHER SHOP | <input type="checkbox"/> OTHER _____ |

9. FOOD HANDLING CERTIFICATE: YES (attach copy) NO
Food Handling Certificate is NOT required outside of the City of Winnipeg but is recommended

10. PLAN: (Attach except for change in ownership.)
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 are to be provided.

11. MENU: (Attach a proposed menu)

_____ DATE

_____ SIGNATURE OF OWNER/REPRESENTATIVE

****NOTE: ORIGINAL SIGNED COPY TO BE SUBMITTED TO PUBLIC HEALTH INSPECTOR.**