

# Notice of Intent to Operate a Food Premises

Fax your completed form to 519-823-4905 or email it to [PHI.Intake@wdgpublichealth.ca](mailto:PHI.Intake@wdgpublichealth.ca)

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 or Seasonal If Seasonal, Months of Operation:	
Water Supply: Municipal Private	
Sewage Supply: Municipal Private	
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: