

Submit one copy of the floor plans with your application (contact details below)			
Name of the owner/operator:		Telephone #:	
Name of premises:			
Address:			
Postal code:			
Name of applicant:		Telephone #:	
Position of applicant:			

Anticipated start date <small>(dd/mm/yyyy)</small>		Anticipated completion date <small>(dd/mm/yyyy)</small>	
---	--	--	--

<input type="checkbox"/> New premises	<input type="checkbox"/> Renovation	Municipal water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipal sewage: <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	-------------------------------------	---	--

Food safety		Infection control
Type of food preparation	Type of equipment	Classroom requirements
<input type="checkbox"/> On-site food preparation <input type="checkbox"/> Off-site food preparation (catered food) Name of caterer: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> Pre-packaged food (no preparation or cooking required)	Sinks (check all that apply): <input type="checkbox"/> Separate hand washing sink <input type="checkbox"/> Two-compartment sink <input type="checkbox"/> Three-compartment sink <input type="checkbox"/> Food preparation sink <input type="checkbox"/> Janitorial sink Utensils for children: <input type="checkbox"/> Single-use (i.e. disposable) <input type="checkbox"/> Multi-use utensils (i.e. reusable cutlery and dishware)	Equipment (check all that apply): <input type="checkbox"/> Cooking Equipment <input type="checkbox"/> Mechanical ventilation <input type="checkbox"/> Hot holding unit <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Commercial mechanical dishwasher Brand and Model: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
		Sinks: <ul style="list-style-type: none"> A multi-purpose sink in each classroom For rooms with diaper change areas <input type="checkbox"/> A dedicated hand washing sink, that is not the multi-purpose sink.

Additional Information:

--

OFFICE USE ONLY

Nexus #		Area #:	
Approval date (dd/mm/yyyy):		District PHI:	
Approval date (dd/mm/yyyy):		Second PHI:	

environmental@peelregion.ca

Peel Public Health, Health Protection

7120 Hurontario St., 8th Floor, Mississauga, ON L5W 1N4

Phone: 905-799-7700, Toll-free from Caledon: 905-584-2216, Fax: 905-565-9602