

Food Handling Permit Application

Completed applications should be forwarded to your local Environmental Public Health Office

Reason for Application		
<input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Other _____		Effective Date (yyyy-Mon-dd)
Contact Information		
Name of Owner(s)		Name of Operator/Manager
Phone		Phone
Email		Email
Legal Business Information		
Trade Name of Establishment/Business		Franchise Number (if applicable)
Business Ownership Name (e.g. 123456 AB Ltd.)		
Establishment/Operating Location		
Facility Address		Unit/Suite Number
Rural Land Location (choose one if applicable)		
Lot _____ Block _____ Plan _____ Quarter (choose one): <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> NW Section _____ Township _____ Range _____ West of _____ Meridian		
City/Municipality		Province
Postal Code	Phone	Fax
Mailing Address <input type="checkbox"/> Same as above OR <input type="checkbox"/> send all correspondence to:		
Address		Attention
City/Municipality	Province/State	Postal Code
Billing Address <input type="checkbox"/> Same as above OR <input type="checkbox"/> send invoice to:		
Address		Attention
City/Municipality	Province/State	Postal Code
Email	Phone	Fax

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Base of Operation/Storage Location - Mobile Units and Water Haulers Only		
Base of Operation Address		
Rural Land Location <i>(choose one if applicable)</i>		
Lot _____	Block _____	Plan _____
Quarter <i>(choose one)</i> : <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> NW		
Section _____	Township _____	Range _____ West of _____ Meridian
City/Municipality		Vehicle Identification Number
Tank ID	License Plate	AHS Decal Number if known
Please include information for additional units on an additional page and submit it with this application.		
Operational Period <i>(choose one)</i>		
<input type="checkbox"/> Annual OR <input type="checkbox"/> Seasonal ▶ If Seasonal, check the months of operation <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> January</div> <div><input type="checkbox"/> February</div> <div><input type="checkbox"/> March</div> <div><input type="checkbox"/> April</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> May</div> <div><input type="checkbox"/> June</div> <div><input type="checkbox"/> July</div> <div><input type="checkbox"/> August</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> September</div> <div><input type="checkbox"/> October</div> <div><input type="checkbox"/> November</div> <div><input type="checkbox"/> December</div> </div>		
Choose one if applicable		
<input type="checkbox"/> Registered Charity <i>(If checked, provide Canadian Revenue Agency Registered Charity Number) _____</i>		
<input type="checkbox"/> Alberta Registered Non-Profit Facility <i>(provide a copy of the first 2 pages of your Annual Tax Return)</i>		
I, the undersigned, certify that the information provided on this form is true and correct.		
Print Name		
Title	Signature	Date <i>(yyyy-Mon-dd)</i>

For Environmental Public Health Office Use Only	
Comments	
Inspector Name	Facility Number
Date Received <i>(yyyy-Mon-dd)</i>	Fee Class

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Submit your completed application to the appropriate area below. For your reference, a map is provided outlining the zones.

North Zone

Environmental Public Health
10320 99 Street,
Grande Prairie, AB T8V 6J4
Fax 780.532.1550
Phone 780.513.7517

or

Environmental Public Health
10217 Queen Street
Fort McMurray, AB T9H 5S5
Fax 780.714.5620
Phone 780.791.6078

Edmonton Zone

Environmental Public Health
Safe Food HSBC Building
700 - 10055 106 Street
Edmonton, AB T5J 2Y2
Fax 780.735.1802
Phone 780.735.1763

Central Zone

Environmental Public Health
Red Deer Johnstone Crossing
300 Jordan Parkway
Red Deer, AB T4P 0G8
Fax 403.356.6433
Phone 403.356.6366

Calgary Zone

Environmental Public Health
10101 Southport Road SW
Calgary, AB T2W 3N2
Fax 403.943.8035
Phone 403.943.8053

South Zone

Environmental Public Health
River Heights Professional Centre
200 – 88 Valleyview Drive SW
Medicine Hat, AB T1A 8N6
Fax 403.502.8256
Phone 403.502.8205

or

Environmental Public Health
801 1 Avenue South
Lethbridge, AB T1J 4L5
Fax 403.328.5934
Phone 403.388.6689

