

## 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		Effective Date (yyyy-Mon-dd)	
<input type="checkbox"/> Other _____			
Contact Information			
Name of Owner(s)		Name of Operator/Manager	
Phone	Extension	Phone	Extension
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	

## Food Handling Permit Application

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 <i>(if known)</i> _____
Has the water hauling truck been used to haul any products other than potable water? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please include information for additional units on an additional page and submit it with this application.</b>		
Operational Period <i>(choose one)</i>		
<input type="checkbox"/> Annual <b>OR</b>		
<input type="checkbox"/> Seasonal    ▶ If Seasonal, check the months of operation		
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November
<input type="checkbox"/> December		
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 _____

## Food Handling Permit Application

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  
ahs.nz.eph.foodpermit@ahs.ca

### 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  
foodpermits.edmontonzone@ahs.ca

### 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  
central.foodpermits@ahs.ca

### Calgary Zone

Environmental Public Health  
10101 Southport Road SW  
Calgary, AB T2W 3N2  
**Fax** 403.943.8056  
**Phone** 403.943.8053  
foodpermits.calgaryzone@ahs.ca

### 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  
southzone.environmentalhealth@ahs.ca

or

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

