

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	

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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 <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		
<i>Please include information for additional units on an additional page and submit it with this application.</i>		
Operational Period <i>(choose one)</i>		
<input type="checkbox"/> Annual OR		
<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"/> April
		<input type="checkbox"/> August
		<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

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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
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 403.320.0145
Phone 403.388.6689

