

Food Handling Permit Application

Scan and email completed application to AHS Environmental Public Health. See last page for more information.

Reason for Application	Effective Date (dd-Mon-yyy	у)						
☐ New Business ☐ Change	Change of Ownership							
☐ Change of Location ☐ Other (s	□ Other (specify)							
Contact Information								
Owner First Name	wner First Name Owner Last Name							
Owner Phone	Owner Email							
Operator/Manager First Name	Operator/Manager La	tor/Manager Last Name						
Operator/Manager Phone	Operator/Manager Email							
Legal Business Information								
Business Trade Name Franchise Number (if applicable)								
Business Ownership Name (e.g. 123456 AB Ltd.)								
Establishment/Operating Location (choose ONE and provide details)								
☐ Municipal Address (include Unit/Suite)								
□ Lot Block	Plan							
☐ Section Township Quarter ☐ SE ☐ SW		=	st of Meridian					
City/Municipality	Province							
Postal Code	Phone		Fax					
Mailing Address								
Address	☐ Same as above Attention							
City		Province	Postal Code					
Billing Address								
Address								
City/Municipality		Province	Postal Code					
Email		Phone	Fax					



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Base of Operation/Storage Location (Mobile Units Only) Include information for additional unit(s) on a separate page and submit with this application.							
Base of Operation Address							
Rural Land Location (choose one if appli	icable)						
□ Lot Block	Plan _			_			
□ Section Township	oRange	e	West of _	Meridian			
Quarter ☐ SE ☐ SW	□ NE □ NV	V					
City/Municipality	Province	Postal Cod	le Vehi	cle Identification Number			
License Plate	AHS Decal Number (i	if known) Ta	ank Capacity	/ □ Litres □ US Gallons □ Imperial Gallons			
Operational Period (choose one)							
☐ Annual OR							
☐ Seasonal ► If Seasonal, check n	•	_					
☐ January ☐ February	☐ March ☐ April						
☐ May ☐ June ☐ September ☐ October	•	☐ July ☐ August ☐ November ☐ December					
- Copterniber - Cotober	- Novemb			·1			
Registered Charity							
Alberta Registered Non-Profit Facility ☐ Yes ☐ No (If yes, provide copy of first 2 pages of Annual Tax Return)							
I, the undersigned, certify that the in	formation provided	on this form	is true and	correct			
First Name (print)		Last Name					
Title	Signature			Date (dd-Mon-yyyy)			
For Environmental Public Health Office Use Only Comments							
Comments							
Inspector First Name	Inspector Last Nam	е	Facil	ity Number			
Date Received (dd-Mon-yyyy)		Fee Class	ı				

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Submit completed application to the appropriate area below. For your reference, a map is provided outlining the zones. For physical site locations, visit InformAlberta

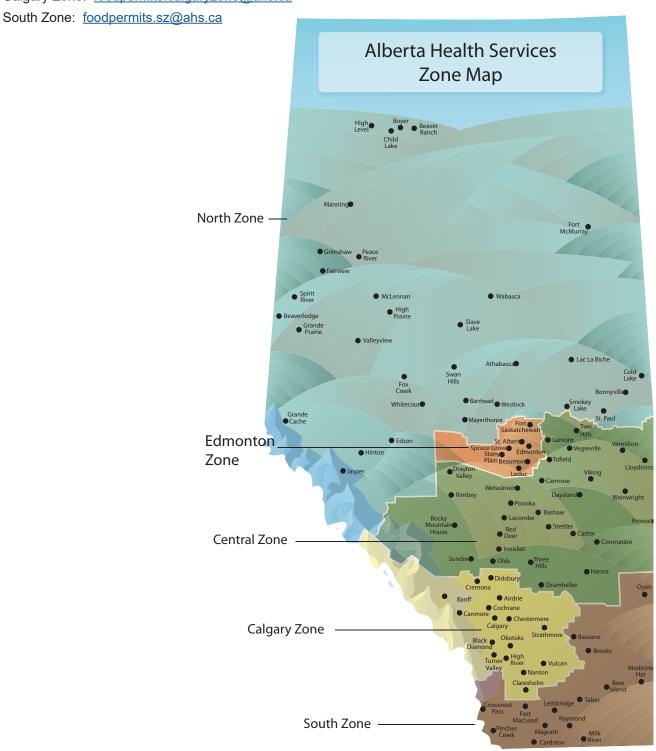
Central Intake Line: 1.833.476.4743

North Zone: nz.eph.foodpermit@ahs.ca

Edmonton Zone: foodpermits.edmontonzone@ahs.ca

Central Zone: central.foodpermits@ahs.ca

Calgary Zone: foodpermits.calgaryzone@ahs.ca



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