

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 (<i>dd-Mon-yyyy</i>)
<input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Other (specify) _____		
Contact Information		
Owner First Name		Owner Last Name
Owner Phone	Owner Email	
Operator/Manager First Name		Operator/Manager Last Name
Operator/Manager Phone	Operator/Manager Email	
Legal Business Information		
Business Trade Name		Franchise Number (if applicable)
Business Ownership Name (<i>e.g. 123456 AB Ltd.</i>)		
Establishment/Operating Location (<i>choose ONE and provide details</i>)		
<input type="checkbox"/> Municipal Address (<i>include Unit/Suite</i>) _____		
<input type="checkbox"/> Lot _____ Block _____ Plan _____		
<input type="checkbox"/> Section _____ Township _____ Range _____ West of _____ Meridian Quarter <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> NW		
City/Municipality		Province
Postal Code	Phone	Fax
Mailing Address		
Address		<input type="checkbox"/> Same as above Attention
City	Province	Postal Code
Billing Address		
Address		<input type="checkbox"/> Same as above Attention
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 <i>(choose one if applicable)</i>			
<input type="checkbox"/> Lot _____		Block _____ Plan _____	
<input type="checkbox"/> Section _____		Township _____ Range _____ West of _____ Meridian	
Quarter <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> NW			
City/Municipality	Province	Postal Code	Vehicle Identification Number
License Plate	AHS Decal Number <i>(if known)</i>	Tank Capacity	<input type="checkbox"/> Litres <input type="checkbox"/> US Gallons <input type="checkbox"/> Imperial Gallons

Operational Period (choose one)

<input type="checkbox"/> Annual		OR		
<input type="checkbox"/> Seasonal ► If Seasonal , check months of operation				
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August	
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December	

Registered Charity Yes No
(If yes, provide Canadian Revenue Agency Registered Charity Number) _____

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 information provided on this form is true and correct

First Name <i>(print)</i>		Last Name	
Title	Signature	Date <i>(dd-Mon-yyyy)</i>	

For Environmental Public Health Office Use Only

Comments		
Inspector First Name	Inspector Last Name	Facility Number
Date Received <i>(dd-Mon-yyyy)</i>	Fee Class	

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

South Zone: foodpermits.sz@ahs.ca

