

**Office Use Only**

Date Received: (yyyy/mm/dd) \_\_\_\_\_ Application # \_\_\_\_\_

Note: In the event of owner change or business location change permits are not transferable and a new permit must be applied for.

Note: The submission of an application with payment does not guarantee application approval.

**Type of Application**

New Application    Amendment/Change of Permit Type

If applicable, provide the previous: Permit # \_\_\_\_\_

Permit name \_\_\_\_\_

**1 Applicant**

If there is more than one applicant, attach a complete list of applicants with the information below. The first applicant listed will be considered the primary applicant for this project. You can also apply for your business number, food establishment permit and food hygiene training through the Access to Business portal at <http://novascotia.ca/mybusiness>.

Company/Organization \_\_\_\_\_

Business number (BN) (if applicable) \_\_\_\_\_

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Phone/fax Primary \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website/Social Media page(s) (if applicable) \_\_\_\_\_

Civic address \_\_\_\_\_

City/town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Mailing address \_\_\_\_\_

(if different than civic address)

City/town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Preferred method of contact?    Email    Letter

## 2 Additional Contact Information

Is the Application Contact the same as Section 1?  Yes  No If yes, skip to Section 3.

If there is more than one contact, attach a complete list of contacts with the information below.

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Contact title \_\_\_\_\_

Phone/fax Primary \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Civic address \_\_\_\_\_

\_\_\_\_\_  
City/town Province Postal code Country

Mailing address \_\_\_\_\_

(if different than  
civic address)

\_\_\_\_\_  
City/town Province Postal code Country

Return correspondence?  Yes  No

Note: Following application decision, all correspondence will go to the applicant.

Preferred method of contact?  Email  Letter

## 3 Food Establishment Site/Location

For mobile facilities provide the location of the commissary or the affiliated Eating Establishment.

Food establishment facility name \_\_\_\_\_

Civic address \_\_\_\_\_

\_\_\_\_\_  
City/town Province Postal code Country

Property Identification # (PID), if known \_\_\_\_\_

#### 4 Activity Detail (Permit Type)

##### Proposed Operating Schedule

Hours/Day (e.g. 8am - 5pm) \_\_\_\_\_ Days/Week (e.g. Mon - Fri) \_\_\_\_\_ Weeks/Year (e.g. 50) \_\_\_\_\_

Planned facility start date/opening date, (yyyy/mm/dd) \_\_\_\_\_

Choose one from below (all fees include HST).

Enclose payment in the form of cash or a cheque or money order made payable to "Minister of Finance".

Type	Term of Permit	Fee
<input type="checkbox"/> Eating Establishment	1 year	\$222.59
<input type="checkbox"/> Eating Establishment (Seasonal)	6 months or less	\$89.01
Seasonal operating start date (Seasonal only) _____		
Seasonal operating end date (Seasonal only) _____		
<input type="checkbox"/> Food Shop	1 year	\$89.01
<input type="checkbox"/> Food Shop (Seasonal)	6 months or less	\$44.51
Seasonal operating start date (Seasonal only) _____		
Seasonal operating end date (Seasonal only) _____		
<input type="checkbox"/> Class 1 - Mobile Eating Establishment	1 year	\$222.59
<input type="checkbox"/> Class 1 – Mobile Eating Establishment (Seasonal)	6 months or less	\$89.01
Seasonal operating start date (Seasonal only) _____		
Seasonal operating end date (Seasonal only) _____		
<input type="checkbox"/> Class 2 – Mobile Push Cart	1 year	\$89.01
<input type="checkbox"/> Class 3 – Mobile Food Shop <input type="checkbox"/> Meat <input type="checkbox"/> Fish	1 year	\$89.01
<input type="checkbox"/> Class 3 – Mobile Lobster Fisher DFO Licence No. _____	1 year	no fee

#### 5 Food Establishment Application Checklist

##### Supporting Documentation

This checklist and all supporting documentation is to be submitted with the application. However, additional information may be requested.

If supporting documentation is of poor quality or incomplete, the application may be delayed, returned or rejected.

Answer all the following questions.

1. a. Have you submitted a detailed floor plan with your application which includes the items listed below?

Yes    No

b. Check off that the detailed floor plan includes the following details:

- building square footage and total number of seats
- location of all staff and public washroom(s)
- location of janitorial facilities
- location of all equipment including dishwashing equipment, handwashing sink(s), etc.
- materials used for surfaces (floors, walls, ceiling, prep surfaces)

2. a. Have you submitted a list of Products and/or a Menu which will be served at the establishment?

- Yes  No

b. Check off that the list of products or menu includes the following details:

- intended products (include any seasonal items)
- intended supplier(s)

3. a. Is the proposed establishment serviced by Municipal drinking water?  Yes  No

b. If you answered "No" to 3. a. (above) have you submitted recent Bacterial Water Test Results?  
(Water results must be included for mobile units who source their water from a supply other than Municipal)

- Yes  No

4. a. Is the proposed establishment serviced by an on-site sewage disposal system?

(Not required for mobile units)  Yes  No

b. If you answered "Yes" to 4. a. (above), have you submitted a report by a Qualified Person 1  
(Professional Engineer)?  Yes  No

c. If you answered "No" to 4. b. (above), provide the reason this has not been included.

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5. a. Is the facility for your proposed restaurant in the same location as a restaurant that held a food establishment permit within the last 12 months?  Yes  No

b. Does this food establishment meet the definition of "restaurant" in the Food Safety Regulations?

- Yes  No

c. If you answered "No" to 5. a. (above), and "Yes" to 5. b. (above) have you submitted documented verification confirming that your establishment meets the provisions of the Building Code for accessibility (washrooms/entrances/pathways)?  Yes  No

d. If you answered 'No' to question 5c above, provide the reason this has not been included:

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6. Have you provided copy of valid Food Handler Certification?  Yes  No

7. If you answered 'No' to question 6 above, provide the reason this has not been included.

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8. a. Have you included a copy of a valid motor vehicle inspection and permit? (for Class 1, 2, 3 Permits only)

Yes  No

b. If you answered "No" to question 6a (above), provide the reason this has not been included.

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9. Provide any additional information you wish to convey as part of your application (optional).

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**6 Verify that the following submission items have been included with your application**

Facility Type	Submitted	Waiver Requested - Reason	
<b>Eating Establishment Permit</b> (Including Seasonal)  <b>or</b> <b>Food Shop Permit</b> (Including Seasonal)	<b>Detailed Floor Plan</b> Must include: <ul style="list-style-type: none"> <li>• building square footage and total number of seats</li> <li>• location of all staff and public washroom(s)</li> <li>• location of janitorial facilities</li> <li>• location of all equipment including dishwashing equipment, handwashing sink(s), etc.</li> <li>• materials used for surfaces (floors, walls, ceiling, prep surfaces)</li> </ul>	_____ _____ _____ _____ _____ _____ _____	
	<b>List of Products and/or Menu</b> Must include: <ul style="list-style-type: none"> <li>• intended products (include any seasonal items)</li> <li>• intended supplier(s)</li> </ul>	<input type="checkbox"/>	_____ _____ _____
	<b>Recent Bacterial Water Test Results</b> (if on private supply)	<input type="checkbox"/>	_____ _____
	<b>Qualified Person 1</b> (Professional Engineer) <b>Report</b> (if building is serviced by an on site sewage disposal system and report is required by Public Health Officer)	<input type="checkbox"/>	_____ _____
	<b>Accessibility</b> Written verification your facility meets provisions of the Building Code	<input type="checkbox"/>	_____ _____
	<b>Copy of Valid Food Hygiene Training</b>	<input type="checkbox"/>	_____ _____

Facility Type	Submitted	Waiver Requested - Reason
<b>Class 1, 2, or 3 Permit</b> (e.g. Mobile Eating Establishment) (Including Seasonal)	<b>Detailed Floor Plan</b> Must include: <ul style="list-style-type: none"> <li>location of all equipment including dishwashing equipment, handwashing sink(s), etc., if applicable</li> <li>materials used for surfaces (floors, walls, ceiling, prep surfaces)</li> <li>water and wastewater storage tanks and their capacity, if applicable</li> <li>copy of valid motor vehicle inspection and permit</li> </ul>	<input type="checkbox"/>
	<b>List of Products/Menu</b> Must include: <ul style="list-style-type: none"> <li>list of foods intended to be served (menu with pricing is not necessary)</li> <li>intended supplier(s)</li> </ul>	<input type="checkbox"/>
	<b>Recent Bacterial Water Test Results</b> (if on private supply) – must be included for mobile units who source their water from a supply other than Municipal.	<input type="checkbox"/>
	<b>Copy of Valid Food Hygiene Training</b>	<input type="checkbox"/>

## 7 Declaration

Information in this application package which the applicant considers to be confidential business information should be clearly identified.

Are you making this request?  Yes  No

If yes, indicate which information in the Supporting Documentation is considered confidential.

I acknowledge it is an offense under Section 94 of the Health Protection Act to provide false information, and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the Health Protection Act, and Food Safety Regulations.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(yyyy/mm/dd)

Name \_\_\_\_\_

or

I certify that I am acting with the applicant's full consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(yyyy/mm/dd)

Name \_\_\_\_\_

## 9 Payment

Enclose payment (cash, cheque or money order) and return completed form to your local Nova Scotia Environment District Office.

- Enclosed is a cheque or money order made payable to “**Minister of Finance.**”
- Enclosed cash

To locate the nearest NSE district office, visit our website at <https://novascotia.ca/nse/dept/regional-office-locations.asp>

## Definitions

**Eating Establishment:** Any premise in which food is **processed\*** and distributed for human consumption.

**Food Shop:** Any premise in which food is stored and distributed, but not **processed\***, and excludes Eating Establishments as defined above.

**Mobile Food Service** ([https://www.novascotia.ca/nse/food-protection/docs/mobilepolicy\\_public.pdf](https://www.novascotia.ca/nse/food-protection/docs/mobilepolicy_public.pdf)): Is a self-contained mobile unit, which is used for the preparation and/or retail dispensing of food products. The **unit** is capable of **moving**, or **being moved**, and is **not left** in any **one location** for a period longer than **one week**. This would include push carts, chip trucks and mobile meat/fish vendors, etc.

**Mobile, Lobster Fisher** (live lobster only): A lobster fisherman licensed under the Fisheries Act (Canada) for commercial fishing, is required to have a Mobile Food Establishment Permit to sell his own catch of live lobster from a mobile vehicle at roadside. This Permit will contain a condition of “Live Lobster Sales Only”. Fee is required if selling species (fish, scallops, etc.) other than live lobster as this would be considered a Mobile Food Service as described above.

\* **Process:** As defined in the NS Food Safety Regulations, to substantially change or alter the appearance or nature of a food, to combine with an ingredient or additive or to make foods ready-to-eat.

**Restaurant:** Means a food establishment that for all or part of the year operates in a fixed location and is engaged in providing food services to patrons who

- (i) order and are served while seated and pay after eating, or
- (ii) pay before eating on the premises after ordering, or selecting items at
  - (A) a counter,
  - (B) a food bar, or
  - (C) a cafeteria line;



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## Resources

### Business Registry

Law requires all businesses, with some exceptions, operating in Nova Scotia to register with the Registry of Joint Stock Companies. Visit the following for more information:

<http://www.novascotia.ca/snsmr/access/business/registry-joint-stock-companies/who-needs-to-register.asp>

To obtain a permit or license from Nova Scotia Environment, you must apply under your own name or you must be a legal entity registered with the Registry of Joint Stock Companies and have a status of "Active". A legal entity includes "Corporation", "Limited", and "Incorporated" companies, as well as individuals listed within a "Partnership" or that have a registered "Business Name".

These companies, or individuals, shall be identified in the "Applicant" section of the application form.

### To register for a food hygiene course

<https://novascotia.ca/nse/food-protection/food-hygiene-course.asp>

### Planning For Food Service Document

<https://novascotia.ca/nse/food-protection/docs/PlanningforFoodService.pdf>

### Register Your Public Drinking Water Supply

<https://novascotia.ca/nse/water/publicwater.registered.supply.asp>

### List of Qualified Person 1s (Professional Engineers)

<https://novascotia.ca/nse/cms/search.asp>

### Locate your PID

**Nova Scotia Coordinate Referencing System Viewer** – this site is free to use and requires you to identify your property through a street map or high resolution satellite imagery. You will have to click the property box in the Layers menu: <https://gis8.nsgc.gov.ns.ca/NSCRS/>

Visit our website at <http://novascotia.ca/nse/food-protection/> for further information on the Food Protection Program.