

Office Use Only

Date Received: (yyyy/mm/dd) _____ Application # _____

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

Type of Application

New Application (no fee)

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 Facility Site/Location

Facility name _____

Civic address _____

City/town Province Postal code Country

Mailing address _____

(if different than
civic address) _____
City/town Province Postal code Country

Property Identification # (PID), if known _____

4 Activity Type

Food Establishment permits must be applied for separately.

Choose one from below.

- Full-Time (Full-Day) Child Care Facility - Food Establishment Permit required
- Part-Time (Part-Day) Child Care Facility - No Food Establishment Permit required
- Long Term Care Facility - Food Establishment Permit required (12 or more residents)
- Recreational Camp - Food Establishment Permit required (Camp operates for longer than 72 hours)
- Recreational Camp - No Food Establishment Permit required (Camp operates for 72 hours or less and is not for profit)

5 Activity Details

5A Complete for All Activity Types

Facility start/open date (yyyy/mm/dd) _____

Proposed Operating Schedule

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

5B Complete for Child Care Facility Only

Days of Operation	Age Range	Proposed # of Children
<input type="checkbox"/> Monday to Friday <input type="checkbox"/> Wednesday	Infants (0-17 months)	
<input type="checkbox"/> Monday <input type="checkbox"/> Thursday	Toddlers (18-36 months)	
<input type="checkbox"/> Tuesday <input type="checkbox"/> Friday	Preschools (36 months – 5 years)	
<input type="checkbox"/> Extended hours (Saturday, Sunday and evenings)	School age (5+)	
Total number of children		

Daily hours of operation _____ (am/pm) to _____ (am/pm)

Licensed capacity (# of children) _____

Food catered to the Facility? Yes No

Food source (for Catered Food Service only) _____

5C Complete for Long Term Care Facility Only

Public Washroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Beds	_____
Staff Washroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Residents	_____
Central Kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Dining Rooms	_____
Central Dining	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Satellite Dining	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tray Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Auxilliary Food Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meals on Wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Catered to the Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Food Source (for Catered Food Service only) _____

5D Complete for Recreational Camp Only:

Public Washroom Yes No

Staff Washroom Yes No

Food catered to the Facility? Yes No

Food Source (for Catered Food Service only) _____

Camp Capacity (number of campers) _____

Camp Season Date(s) (yyyy/mm/dd) Start Date _____ End Date _____

Name of Camp Director _____

6 Institution 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? Yes No
- b. (For Rec Camps only) Check off that the detailed site plan includes the following details:
 - Building locations
 - Kitchen and dining areas
 - Sanitary facilities (include staff washrooms, showers, privies)
 - Sleeping accomdatons
 - Recreational water area (include water quality information)
 - First aid/nursing station

2. Is the proposed facility serviced by Municipal drinking water? Yes No If yes, skip question 3.
3. Have you submitted recent Bacterial Water Test Results? Yes No
4. Is the proposed facility serviced by an on-site sewage disposal system? Yes No If no, skip question 5.
5. Have you submitted a Qualified Person 1 (Professional Engineer) Report? Yes No
 - b. If you answered "No" to question 5a (above), provide the reason this has not been included.

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

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

Facility Type	Submitted	Waiver Requested - Reason
	<input type="checkbox"/>	<hr/>
Child Care and Long Term Care	<input type="checkbox"/>	<hr/>
	<input type="checkbox"/>	<hr/>
Recreational Camps	<input type="checkbox"/>	<hr/>
	<input type="checkbox"/>	<hr/>
	<input type="checkbox"/>	<hr/>
	<input type="checkbox"/>	<hr/>

8 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.

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 Return completed form

Return completed form to your local Nova Scotia Environment District Office.

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

Resources

Recreational Camp Guidelines

<https://novascotia.ca/dhw/environmental/documents/Recreational-Camps-Guidelines.pdf>

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>

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.