

# INSTRUCTIONS – SEE BELOW



## REGISTRATION FORM/PERMIT APPLICATION

[www.manitoba.ca/healthprotection](http://www.manitoba.ca/healthprotection)

**NEW** businesses only

Existing businesses

Review of **NEW** plans

Review of existing plans

PLEASE CHECK **ONE** OF THE FOLLOWING:

BASIC REGISTRATION

NEW OWNER

NEW CONSTRUCTION

EXTENSIVE REMODELLING

(If **NEW** operation, please specify opening date) \_\_ [DATE YOU WOULD LIKE TO OPEN OR TAKE OVER OWNERSHIP] \_\_

NAME OF FOOD ESTABLISHMENT: \_\_ [NAME ON SIGNAGE ABOVE DOOR/YOUR BUSINESS NAME IF RENTING KITCHEN] \_\_

STREET ADDRESS: \_\_ [LOCATION WHERE FOOD IS BEING MADE] \_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS FOR BUSINESS:

SAME AS ABOVE  ALTERNATE MAILING ADDRESS (i.e. P.O.Box): \_\_ [ADDRESS YOU WOULD LIKE YOUR PERMIT MAILED TO] \_\_

CITY \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**HOME KITCHENS NOT ALLOWED/MUST BE IN COMMERCIAL KITCHEN**

**LEGAL OWNER OF BUSINESS:** (Owner or Company Applying for Permit)

Company Name ONLY REGISTERED BUSINESS or CORPORATION NAMES-COPY OF LETTER OF INCORPORATION IS REQUIRED

Partnership [THIS WOULD LIST TWO OR MORE NAMES]

Sole Proprietorship [THIS MEANS THAT THE BUSINESS IS SOLELY IN A PERSON'S NAME] Driver's License # \_\_\_\_\_

STREET ADDRESS: OWNER'S CONTACT INFORMATION

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ON SITE CONTACT PERSON: [PERSON WHO SHOULD BE CONTACTED WITH ANY QUESTIONS OR TO ARRANGE INSPECTIONS]

FOOD HANDLER CERTIFICATE:  YES  NO If Yes, date of issuance: \_\_\_\_\_

Food Handler Certificate is NOT required outside of the City of Winnipeg but is recommended.

PLAN SUBMITTED: (Required for new construction or extensive remodelling).  YES  NO

A detailed drawing showing food preparation, processing, storage, service areas, washrooms, refrigeration facilities, equipment layout, and a listing of equipment and construction materials in food preparation areas is to be provided.

PROPOSED MENU PROVIDED:  YES  NO

**NOTE: ALL items listed in this box must be received at the time of application, otherwise it will be considered incomplete and will delay the entire process.**

DATE

SIGNATURE OF OWNER/REPRESENTATIVE

PLEASE RETURN THE REGISTRATION FORM TO  
[healthprotection@gov.mb.ca](mailto:healthprotection@gov.mb.ca)