

# GRAND ERIE

## PUBLIC HEALTH

# Business Application Form

Please complete form and return to a Grand Erie Public Health office listed below or by email at [ehthotline@geph.ca](mailto:ehthotline@geph.ca).

### Simcoe

185 Robinson St.  
Simcoe ON N3Y 4N5  
T: 519.900.9600  
F: 519.427.5907

### Caledonia

100 Haddington St.,  
Caledonia ON N3W 2N4  
T: 905.798.9060  
F: 519.427.5907

Owner Name:	<input type="text"/>				
Owner Address:	<input type="text"/>				
City/Town:	<input type="text"/>	Province:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>		

Type of Establishment(s) Applying for (Check all that apply):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Food Premise - General             | <input type="checkbox"/> Personal Service Setting | <input type="checkbox"/> Recreational Campground  |
| <input type="checkbox"/> Day Care          | <input type="checkbox"/> Food Premise - Mobile              | <input type="checkbox"/> Public Pool              | <input type="checkbox"/> Farmer's Market Vendor   |
| <input type="checkbox"/> Funeral Home      | <input type="checkbox"/> Long-Term Care Facility            | <input type="checkbox"/> Public Spa/Hot Tub       | <input type="checkbox"/> Trailer Park             |
| <input type="checkbox"/> Group Home        | <input type="checkbox"/> Season Agricultural Worker Housing | <input type="checkbox"/> Public Wading Pool       | <input type="checkbox"/> Home Based Food Premises |

Please note that all premises providing drinking water to the public and are not serviced by a municipal supply must register with the health unit. Premises serving hauled municipal water to the public must register also.

Name of Establishment:	<input type="text"/>				
Address of Establishment:	<input type="text"/>				
City/Town:	<input type="text"/>	Province:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone:	<input type="text"/>	Proposed Date of Opening:	<input type="text"/>		
Website:	<input type="text"/>	Email:	<input type="text"/>		

Months of Operation (Check all that apply):

- |                                  |                                |                             |                            |                                 |                                |                                |
|----------------------------------|--------------------------------|-----------------------------|----------------------------|---------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Year-round | <input type="radio"/> February | <input type="radio"/> April | <input type="radio"/> June | <input type="radio"/> August    | <input type="radio"/> October  | <input type="radio"/> December |
| <input type="radio"/> January    | <input type="radio"/> March    | <input type="radio"/> May   | <input type="radio"/> July | <input type="radio"/> September | <input type="radio"/> November |                                |

Days and Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							