

Business Application Form

Please complete form and return to a Grand Erie Public Health office listed below or by email at 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: _____

Owner Address: _____

Phone: _____ Email: _____

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"/> Recreational Campground Trailer Park |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Food Premise – Mobile | <input type="checkbox"/> Public Pool |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Long-term Care Facility | <input type="checkbox"/> Public Spa/Hot Tub |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Farmer's Market Vendor | <input type="checkbox"/> Public Wadding Pool |
| <input type="checkbox"/> Home Based Food Premise | <input type="checkbox"/> Seasonal Agricultural Worker Housing | |
| <input type="checkbox"/> Personal Service Setting | Personal Services to be offered: _____ | |

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: _____

Address of Establishment: _____

Proposed Date of Opening: _____

Phone: _____ Email: _____

Website: _____

Months of Operation (Check all that apply)

- | | | | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|-------------------------------|-------------------------------|---------------------------------|
| <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 | <input type="checkbox"/> Year-round | | | |

Days and Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							