



APPLICATION FOR HEALTH APPROVAL

New: New facility New location New ownership

Amendment: Update to information

Type of facility		
Food or beverage production/manufacturing		
<input type="checkbox"/> Low risk/non-PHF <input type="checkbox"/> High risk/PHF		
Specify product(s): _____		
Care facility		
<input type="checkbox"/> Child care centre <input type="checkbox"/> Family day home		
Meal program: <input type="checkbox"/> Full <input type="checkbox"/> Snacks only <input type="checkbox"/> N/A		
Personal services		
<input type="checkbox"/> Ear/body piercing <input type="checkbox"/> Esthetics/nails <input type="checkbox"/> Hair services <input type="checkbox"/> Health spa, sauna/steam bath		
<input type="checkbox"/> Laser hair removal <input type="checkbox"/> Massage <input type="checkbox"/> Tanning <input type="checkbox"/> Tattoo		
<input type="checkbox"/> Other (specify): _____		
Bed and breakfast		
<input type="checkbox"/> Breakfast only <input type="checkbox"/> Additional meals provided		
Facility information		
Facility name	Operator/manager	
Facility site address		
Mailing address	City/town	Postal code
Email	Phone	Fax
Business information		
Legal business name	Legal business owner	
Type of ownership (select one)		
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Society <input type="checkbox"/> Other: _____		
Mailing address	City/town	Postal code
Email	Phone	
Water source:	<input type="checkbox"/> Large public drinking water system Name: _____	
	<input type="checkbox"/> Well	
Sewage disposal:	<input type="checkbox"/> Municipal sewer <input type="checkbox"/> Onsite sewage disposal system	
Days and hours of operation:	<input type="checkbox"/> Seasonal (list months of operation): _____	
	<input type="checkbox"/> Year round operation	

Floor/site plan attached (detailed diagram to include location of hand wash sinks, cleaning sinks, washrooms, equipment details, and surface finishes)

Signature of operator

Date

Operator name (print)

Proposed opening date

Submit this form to:

Environmental Health Services
2 Hospital Road, Whitehorse, Yukon Y1A 3H8
Email: environmental.health@yukon.ca
Fax: 867-667-8322

Office use only

EHO name: _____

Approved by EHO

EHO signature: _____

Approval date: _____

Facility type: _____

Community: _____

Work area: _____

Conditions for operation: