

**REGISTRATION FORM / PERMIT INFORMATION  
FOOD HANDLING ESTABLISHMENTS**

**PURSUANT TO MANITOBA REGULATION 339/88R**

1. COMMON NAME OF ESTABLISHMENT: \_\_\_\_\_
2. LEGAL NAME OF ESTABLISHMENT: \_\_\_\_\_
3. SITE ADDRESS OF ESTABLISHMENT: (Street Address) \_\_\_\_\_

(City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

4. MAILING ADDRESS OF ESTABLISHMENT: (Street Address) \_\_\_\_\_
- (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

5. BUSINESS TYPE:  COMPANY NAME \_\_\_\_\_  PARTNERSHIP
- SOLE PROPRIETORSHIP  CO-OPERATIVE

6. OWNER/CONTACT: (Name) \_\_\_\_\_
- ADDRESS: (Street Address) \_\_\_\_\_
- (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

7. PROPOSED OPENING DATE: \_\_\_\_\_

8. PLEASE CHECK ONE OF THE FOLLOWING:

- |   |  |
|---|--|
| <input type="checkbox"/> NEW OWNER        | <input type="checkbox"/> EXTENSIVE REMODELLING |
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> BASIC REGISTRATION    |

9. TYPE OF ESTABLISHMENT: (Check appropriate boxes.)

- |   |   |
|---|---|
| <input type="checkbox"/> FOOD WAREHOUSE                         | <input type="checkbox"/> FOOD PROCESSING – GRAINS & OILS    |
| <input type="checkbox"/> FOOD PROCESSING – BOTTLING PLANT / ICE | <input type="checkbox"/> FOOD PROCESSING – MEAT & FISH      |
| <input type="checkbox"/> FOOD PROCESSING – DAIRY, EGG OR HONEY  | <input type="checkbox"/> FOOD PROCESSING – MEAT SLAUGHTER   |
| <input type="checkbox"/> FOOD PROCESSING – FOOD MANUFACTURING   | <input type="checkbox"/> FOOD PROCESSING – UNINSPECTED MEAT |
| <input type="checkbox"/> FOOD PROCESSING – FRUITS & VEGETABLES  | <input type="checkbox"/> OTHER _____                        |

10. FOOD SAFETY PROGRAM:  YES  NO

11. PLAN: (Attach except for change in ownership.)

A building plan which includes a floor plan of each level showing: process flow, personnel flow, intended use of each area, location of walls, doors, conveyor rails, coolers, freezers, floor drains, three compartment sink, hand wash sink(s), staff room, washrooms, storage areas, office areas, shipping/receiving area, retail area and larger equipment.

Plans can be hand drawn or created using software, so long as they are clear, created to scale and contain adequate information.

12. PRODUCT(S) DESCRIPTION (Attach list)

The Department of Agriculture ("the Department") is authorized to collect personal information on this Application by s. 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* ("FIPPA") because the information is necessary:

- to process your Application to register as a food handling establishment and to obtain a food handling establishment permit;
- to determine and verify your eligibility to register as a food handling establishment and to obtain a food handling establishment permit; and
- for enforcement and regulatory related purposes.

Personal information collected by the Department is protected and collected in accordance with FIPPA. If you have any questions about the collection of personal information, please contact [foodsafety@gov.mb.ca](mailto:foodsafety@gov.mb.ca). The Department will keep your Application in a confidential file and the Department's access, use or disclosure of the personal information on your Application will only be in accordance with FIPPA.

While Applications are confidential, the Department may disclose information in your Application to the departments of Health, Seniors and Long-Term Care and/or Environment and Climate Change and to the Canadian Food Inspection Agency for enforcement related purposes. The Department requires your consent in order to disclose this information.

#### CONSENT

I consent to the Department disclosing information to the Canadian Food Inspection Agency and to the departments of Health, Seniors and Long-Term Care and/or Environment and Climate Change as may be necessary for enforcement related purposes.

I understand that my consent is voluntary and that withholding my consent will mean that I am ineligible to register as a food handling establishment and/or to obtain a food handling establishment permit. I understand that I have the right to withdraw my consent at any time by notifying the Department; however, my consent cannot be withdrawn retroactively and cannot be withdrawn after my food handling establishment is registered and/or after I obtain a food handling establishment permit.

Additionally, by signing this Application, I hereby certify that:

1. I am duly authorized to complete this Application for and on behalf of the food handling establishment named in this Application.
2. The information provided in this Application is complete, true and accurate.
3. I undertake and agree to promptly notify the Department at [foodsafety@gov.mb.ca](mailto:foodsafety@gov.mb.ca) if there is any change in the information provided in this Application.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
POSITION/TITLE