

Notice of Proposed Alteration Food Safety and Quality Act, 2001, Ontario Regulation 31/05 (Part III Section 12)

Instructions

"Alteration", with respect to a meat plant, means:

- a change for which a building permit is required,
- any other significant change to the plant or its premises, facilities or equipment,
- a significant change in the licensed activities that are carried on at the plant or the manner in which the activities are carried on, or
- a change to the list of names of persons, including corporations, that are operators of the plant (submitted under s. 6(1)(b)).

No person shall make an alteration with respect to a meat plant unless the operator of the plant has given written notice of the proposed alteration to a director at least 30 days before making the alteration.

The notice will be in a form approved by a director and shall contain,

- the name and address of the operator of the plant;
- the address of the plant;
- the name and address of the owner of the plant, if different than that of the operator;
- a description of the proposed alteration and the nature of the licensed activities to be carried out at the location that would be affected by the alteration;
- if the proposed alteration involves a change to the premises, facilities or equipment at the plant, the plans and specifications, if any, concerning the changes; and
- any other information that a director requires be included with the notice in order to determine if the proposed change complies with this Regulation.

Fields marked with an asterisk (*) are mandatory.

Ticles marked with all asterior () are managery.									
1. Plant Infor	mation								
Plant Name *				Plant Number *					
Plant Address	3								
Unit Number	Street Number *	Street Name *			PO Box				
City/Town *			Province *	Postal Cod	Postal Code *				
OMAFA Area Ma	anager		I	l .					
Email Address *			Confirm Email Address *						
2. Operator I	nformation		-						
Last Name *			First Name *		Middle Initial				
Email Address *			Confirm Email Address *						
Operator Maili	ing Address								
Unit Number	Street Number *	Street Name *			PO Box				
City/Town *			Province *	Postal Cod	Postal Code *				
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3. Owner Information									
Is the Operator a different person than the Owner? *									
☐ Yes ☐ No									
Owner Information	on								
Last Name *			First Name *		Middle Initial				
Email Address *			Confirm Email Address *						
Eliali Address			Sofilian Address						
Owner Mailing A	ddress								
Unit Number	Street Number *	Street Name *	РО Вох		РО Вох				
City/Town *			Province *	Postal Cod	e *				
4. Proposed Alteration									
Proposed Alteration	Start Date (yyyy/mi	m/dd) *							
Do you want to attach drawings and other supporting documentation? * Yes No									
5. Declaration									
I certify that the information in this application is true and correct to the best of my knowledge. *									
Plant Operator Nam	ne (First and Last Na	ame) *		Date (yyyy/mm/dd) *					
Note: For mail submission, send completed form and supporting documents to: The Director appointed under the Food Safety and Quality Act, 2001, Ministry of Agriculture, Food and Agribusiness, Meat Inspection Program, 1 Stone Road West, 5 North West, Guelph ON N1G 4Y2.									
For Office Use	Only								
Received By Area Manager (First and Last Name)									
Signature of Area M	lanager			Date (yyyy/mm/	/dd)				

ON00578E (2024/07) Page 2 of 2