**Application to Vary from Public Health Order Requirements**

1. **Business/Organization’s Name**

Click here to enter text.

1. **Business Type**

Click here to enter text.

1. **Business Address**

Click here to enter text.

1. **Name of Primary Contact**

Click here to enter text.

1. **Phone Number**

Click here to enter text.

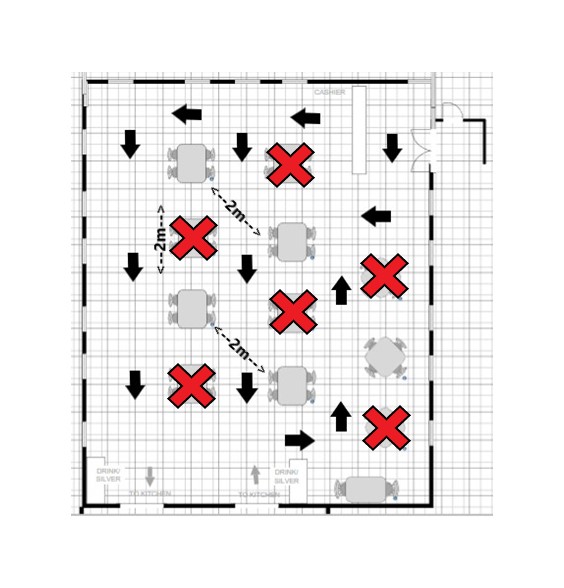
1. **Email**

Click here to enter text.

1. **Floor Plan (attach visual showing hallways, washrooms, seating arrangements, etc.)**

* **On floor plan identify traffic flow (see example)**

**Dimensions of Space**



Click here to enter text.

**Other spatial details of relevance**

Click here to enter text.

Please note – floor plans can be hand drawn as necessary\*\*

1. **Proposed mitigation/adaptation controls**

Click here to enter text.

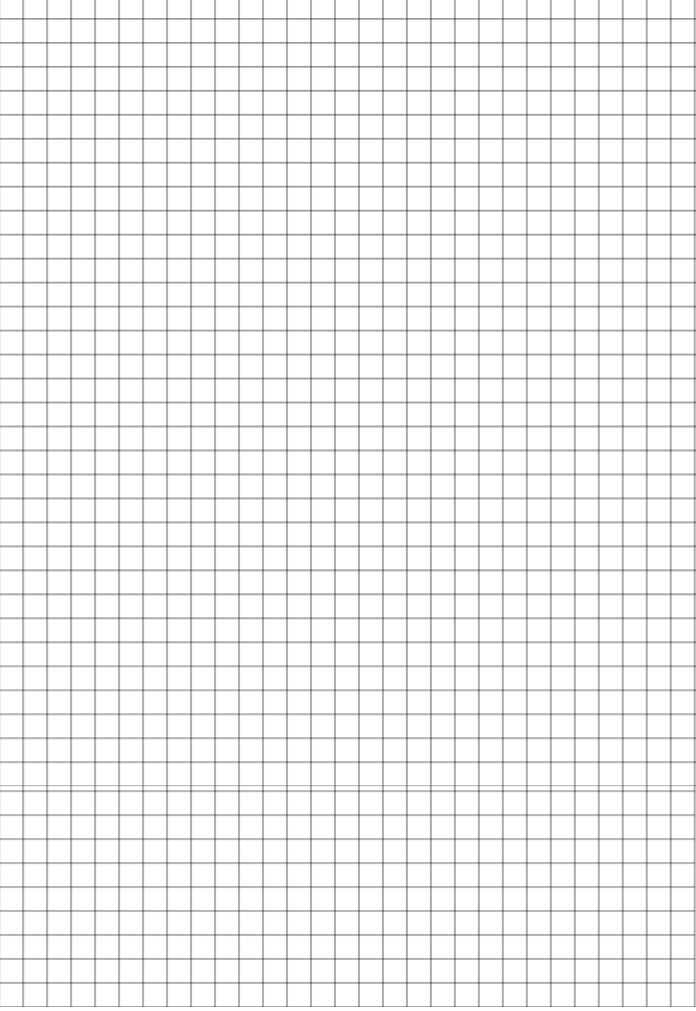
1. **Proposed Enhanced Cleaning procedures**
2. **Bathroom procedures ( access and use, cleaning schedule etc)**

Click here to enter text.

1. **Additional Information (if required)**

Click here to enter text.

Submit to [protectNWT@gov.nt.ca](mailto:protectNWT@gov.nt.ca) with the subject line **ATTN: Request to Vary from Public Health Order.**

**Floor Plan**