



# THE PUBLIC HEALTH ACT

## APPLICATION FOR LICENCE TO OPERATE A FOOD HANDLING ESTABLISHMENT

NAME OF APPLICANT

\_\_\_\_\_

ADDRESS OF APPLICANT

\_\_\_\_\_

NAME & ADDRESS OR  
PROPOSED ADDRESS OF FOOD  
HANDLING ESTABLISHMENT

\_\_\_\_\_

CATEGORY OF FOOD  
HANDLING ESTABLISHMENT

\_\_\_\_\_

TYPE OF FOOD PROPOSED TO  
BE SOLD IN FOOD HANDLING  
ESTABLISHMENT

\_\_\_\_\_

\* HAS A FOOD HANDLING  
ESTABLISHMENT OWNED OR  
OPERATED BY YOU BEEN  
CLOSED DOWN BY A PUBLIC  
HEALTH AUTHORITY?

YES  
 NO

\* HAS THE FOOD HANDLING  
ESTABLISHMENT TO WHICH  
THIS APPLICATION RELATES  
BEEN CLOSED DOWN BY A  
PUBLIC HEALTH AUTHORITY?

YES  
 NO

\* IF YES, STATE DATE OF CLOSURE

\_\_\_\_\_

DATE OF APPLICATION

\_\_\_\_\_

APPLICANT'S SIGNATURE

\_\_\_\_\_

### FOR OFFICIAL USE ONLY

DOCUMENTS SUBMITTED

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

AMOUNT OF FEES PAID (\$)

\_\_\_\_\_

DATE OF INSPECTION  
OF FOOD HANDLING  
ESTABLISHMENT

\_\_\_\_\_

REMARKS

\_\_\_\_\_

NAME OF INSPECTOR

\_\_\_\_\_

RECOMMENDATIONS

\_\_\_\_\_

LICENCE STATUS

GRANTED       REFUSED

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

LICENCE NUMBER

\_\_\_\_\_