



THE PUBLIC HEALTH ACT

APPLICATION TO RENEW LICENCE FOR FOOD HANDLING ESTABLISHMENT

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

NUMBER OF LICENCE _____

WAS LICENCE SUSPENDED? YES NO

IF YES, DATE OF SUSPENSION _____

NAME & ADDRESS OF PERSON OPERATING FOOD HANDLING ESTABLISHMENT _____

TYPE OF FOOD TO BE SOLD IN FOOD HANDLING ESTABLISHMENT _____

DATE OF APPLICATION _____

APPLICANT'S SIGNATURE _____

FOR OFFICIAL USE ONLY

DOCUMENTS SUBMITTED 1 _____
2 _____
3 _____
4 _____

AMOUNT OF FEES PAID (\$) _____

NUMBER OF LICENCE GRANTED _____

DATE OF INSPECTION OF FOOD HANDLING ESTABLISHMENT _____

REMARKS

