

**FORM 5**  
**THE PUBLIC HEALTH ACT**  
**APPLICATION FOR A FOOD HANDLERS PERMIT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business address of Employer \_\_\_\_\_

Have you ever applied for a food handler's permit? \_\_\_\_\_

Was application granted or refused? \_\_\_\_\_

If refused state reason \_\_\_\_\_

Number of last food handler's permit \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

.....

**FOR OFFICE USE ONLY**

**AMOUNT OF FEE PAID** \_\_\_\_\_

**DATE OF MEDICAL EXAMINATION** \_\_\_\_\_

**PERMIT GRANTED/REFUSED** \_\_\_\_\_ **NO. OF PERMIT** \_\_\_\_\_

**REASON FOR REFUSAL** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Medical Officer (Health)