

**First Schedule (Regulations (3))
Form 1**

**THE PUBLIC HEALTH ACT
APPLICATION FOR LICENCE TO OPERATE A FOOD-HANDLING
ESTABLISHMENT**

Name.....

Address.....

Telephone Number.....

**Name and Address or proposed
Address of Food-Handling Establishment.....**

**Name of Operator of
Food-Handling Establishment.....**

**Address of Operator of
Food-Handling Establishment.....**

Category of Food-Handling Establishment.....

**Type of Food proposed to be
Sold in Food-Handling Establishment.....**

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