

Form 3

THE PUBLIC HEALTH ACT

APPLICATION TO RENEW LICENCE FOR FOOD-HANDLING ESTABLISHMENT

Name.....

Address.....

Number of Previous Licence.....

Date Licence Granted.....

Was Licence suspended?

If yes, Date of suspension.....

Name and Address of Food-Handling

Establishment.....

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Name, Address and Telephone No. of Person operating

Food-Handling Establishment.....

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Type of Food to be sold in Food-Handling

Establishment.....

.....

Date

Signature

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FOR OFFICE USE ONLY

Documents submitted: 1

2

3

4

Amount of Fee paid

No. of Licence granted

Date of Examination of Food-Handling  
Establishment

Remarks