

THE PUBLIC HEALTH (FOOD HANDLING) REGULATIONS, 1998

FIRST SCHEDULE, contd.

FORM 3

THE PUBLIC HEALTH ACT

APPLICATION TO RENEW LICENCE FOR FOOD-HANDLING ESTABLISHMENT

Name.....

Address.....

Number of licence.....

Date licence granted.....

Was licence suspended?.....

If yes, date of suspension.....

Name and address of food-handling establishment.....

.....

Name and address of person operating food-handling establishment.....

.....

Type of food to be sold in food-handling establishment.....

.....

Date

Signature

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

Signature and office of person who carried out examination