

FORM 1

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

Name

Address

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

Name of operator of
Food-handling establishment.....

Category of food-handling establishment.....

Type of food proposed to be
Sold in food-handling establishment.....

.....
.....

*Has a food-handling establishment
owned or operated by you been closed
down by a Public Health Authority?
Yes No

*Has the food-handling establishment to
which this application relates been closed
closed down by a Public Health Authority?
Yes No

*if yes, state date of closure.....

Date

Signature

FOR OFFICE USE ONLY

Documents submitted: 1
2
3
4

Amount of fee paid

Date of examination of food-handling
establishment

Remarks

Recommendation

Licence granted

No.

Licence refused

Date

Signature and office of
person who carried out
examination