



Form 1

THE PUBLIC HEALTH ACT

APPLICATION FOR LICENCE TO OPERATE A FOOD-HANDLING ESTABLISHMENT

Name: _____ Telephone # _____

Address: _____

Name and Address or proposed Address of Food-Handling Establishment:

.....

Name of Operator of Food-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 down by a Public Health Authority? Yes () No ()

If yes, state Date of closure

Date Signature



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THE PUBLIC HEALTH ACT

APPLICATION FOR LICENCE TO OPERATE A FOOD-HANDLING ESTABLISHMENT

Name: **JOHN BROWN**

Address: **ACKEE WALK, ST. ANDREW**

Name and Address or proposed Address of Food-Handling Establishment: **TASTE GOOD RESTAURANT, 27 BAMBOO LANE, KINGSTON 10**

.....

Name of Operator of Food-Establishment: **JOHN BROWN**

.....

Category of Food-Handling Establishment: **FULL SERVICE RESTAURANT**

Type of Food proposed to be sold in Food-Handling Establishment: **COOKED MEALS**

.....

Has a Food-Handling Establishment owned or operated by you been closed down by a Public Health Authority? Yes (**X**) No ()

Has the Food-Handling Establishment to which this application relates been closed down by a Public Health Authority? Yes () No (**X**)

If yes, state Date of closure

Date

Signature

- Documents submitted:-
- 1) 2 passport size photographs
 - 2) Fees
 - 3) A plan showing the lay out of the food-handling establishment and the equipment or other devices to be used therein.
 - 4) Other

Amount of Fee paid \$ Receipt No.

Date of Inspection of Food-Handling Establishment

Person who carried out inspections

Signature and Post

Recommendation

License Granted

Type of License No.

License Refused

Mailing address

.....

Parish Zone

Telephone No. () Fax No. ()

Email

Remarks

.....

.....

Date