



**ENVIRONMENTAL HEALTH DEPARTMENT**

**APPLICATION FORM FOR TRADING LICENSE INSPECTION**

**CATEGORY 1-** For outlets that sell perishable food staffs, including supermarkets, restaurants, bakeries, butcheries, wholesalers, manufacture, bars, restaurant liquor, wine and malt, hotel accommodation establishments etc.

DATE: \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

**INSPECTION FEE: E200.00**

**RE-INSPECTION FEE: 400.00**

COMPANY NAME \_\_\_\_\_

TRADING NAME/BUSINESS STYLE \_\_\_\_\_

NAME OF PERSON IN CHARGE OF BUSINESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_, STREET: \_\_\_\_\_, LOT No: \_\_\_\_\_

BUILDING NAME \_\_\_\_\_, OFFICE/UNIT No: \_\_\_\_\_

CONTACT NUMBER: TEL: \_\_\_\_\_ FAX: \_\_\_\_\_, CELLPHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF TRADING LICENCE \_\_\_\_\_

PURPOSE OF APPLICATION: GRANT  RENEWAL  TRANSFER  OTHER

SPECIFY (IF OTHER ) \_\_\_\_\_

DATE OF LICENCE HEARING \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**NB: PLEASE ATTACH**

- A copy of your lease agreement
- A copy of hearing notice issued by the Ministry of Commerce
- A copy of a special consent/home occupation permit if in a residential area

**FOR OFFICIAL USE ONLY**

**PLANNING DEPARTMENT  
COMMENTS**.....  
.....  
.....

Signature..... Date..... Designation.....

**INSPECTOR OF WORKS  
COMMENTS**.....  
.....  
.....

Signature..... Date..... Designation.....

**PUBLIC HEALTH AND ENVIRONMENT DEPARTMENT  
COMMENTS**.....  
.....  
.....

Signature..... Date..... Designation.....