



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