

THE PUBLIC HEALTH ACT  
APPLICATION TO RENEW LICENCE FOR FOOD -HANDLING ESTABLISHMENTS

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

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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