

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

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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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

Form5  
THE PUBLIC HEALTH ACT  
APPLICATION FOR FOOD HANDLERS PERMIT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of  
Employer \_\_\_\_\_  
Have You Ever Applied  
For a Food Handler's Permit \_\_\_\_\_  
Was Application Granted or Refuse \_\_\_\_\_  
If Refuse State Reason \_\_\_\_\_  
Number of Last Food Handler's Permit \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount of Fee  
Paid \_\_\_\_\_  
Date of Medical Examination \_\_\_\_\_  
Permit Granted/Refuse \_\_\_\_\_  
Reason For Refusal \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature, Medical Officer (Health)

**MINISTRY OF HEALTH  
FOOD HANDLERS INTERVIEW FORM**

Name.....Date of Birth.....

Address .....

Business Address.....

Telephone Number: (H)..... (C)..... (W).....

Category of Food Handlers: General ( ) Basic ( ) Restaurant and Catering ( )

Literacy: Yes ( ) No ( )

Have you ever had typhoid or paratyphoid fever? Yes ( ) No ( )

Are you suffering from?

- ❖ Skin rash Yes ( ) No ( )
- ❖ Boils or sores Yes ( ) No ( )
- ❖ Diarrhea and /or vomiting now or within the last seven days Yes ( ) No ( )
- ❖ Discharge from the eyes Yes ( ) No ( )
- ❖ Discharge from the ears Yes ( ) No ( )
- ❖ Discharge from the nose Yes ( ) No ( )

Have you ever lived abroad? Yes ( ) No ( )

If yes, where..... Yes ( ) No ( )

When.....

Have you travelled recently? If yes, where .....when.....

**Physical Examination**

Withlow:

Hands :

Fingernail:

Teeth :

**Medical Examination (If Conducted)**

Test recommended:

Result:

Educational sessions

Result of quiz.....

Name ,address and telephone number of doctor

Name .....

Address.....Telephone #.....