



SHIBUYUNJI TOWN COUNCIL

PLANNING DEPARTMENT

PUBLIC HEALTH UNIT

APPLICATION FORM FOR HEALTH PERMIT FOR THE YEAR 2022⁺

1. Name of Applicant:.....
2. Business Name:.....
3. National Registration Card No:.....
4. Contact:.....
5. Situation of Premises:.....
6. Stand No:.....

I/We apply for the Grant/Renewal of the under mentioned permit:

- Restaurant
- Bakery
- Meat and Meat products
- Fish and Fish products
- Milk and Milk products
- Bar
- Bottle store
- Chibuku
- Drug Store
- Stationery
- Glossary store
- Booth
- Saloon
- General deals
- Wholesale
- Others (specify)

Health Inspector's remarks.....

Date:.....Signature:.....

NOTICE: The application form must be accompanied with a:-

- 1) A photocopy of proof of payment
- 2) Medical Examination Certificate for food handlers (for food trading premises).

NB: PLEASE RETURN THE FORM TO COUNCIL KASUNKA OFFICE AFTER COMPLETION.