

**APPLICATION FOR DRY FOOD STORAGE FACILITY LICENSE**

1.0 Type of Application: New ( )

Renewal ( )

1.1 Has ownership changed since last license issued? YES ( ) NO ( )

1.2 If yes, give previous owner and business name:.....

\*Last License Number: .....

2.0 Name of Company:.....

2.1 Postal Address:.....

2.3 Tel No.:..... Fax:..... E-mail:.....

2.4 Location Address.....

***Please attach sketch of exact directions to the Dry Food Storage Facility, indicating land marks.***

2.5 Mailing address for all correspondence if different from above:

2.5 Name of Contact Person on site on:..... Position:.....

2.6 Tel. No..... Fax:..... Email:.....

(Please indicate if different from above)

2.7 Type of warehouse operations Bonded ( ) Commercial ( ) Private ( )

2.8 Warehouse Category: Small ( ) Medium ( ) Large ( )

2.9 No. of Facilities to be licensed:.....

2.10 Types of food products to be stored:

i).....

ii).....

iii).....

iv).....

v).....

**2.0 LICENSE FEE STRUCTURE**

License fees are based on the category and number of facilities to be licensed

(Please check appropriate box below)

\_\_\_\_ (Small)

\_\_\_\_ (Medium-Large)

----- (Number of facilities to be licensed)

***The Food and Drugs Authority stipulates that Dry Food Storage Facility Licenses are valid for a period of One Year and must therefore be renewed annually as defined in the Guidelines for Licensing of Dry Food Storage Facilities.***

**3.0 DECLARATION**

I, hereby declare that the information given on this application form is true and correct to the best of my knowledge

Name and Signature: ..... Position: ..... Date.....

**NOTE: Please attach a copy of valid Business Registration Certificate**