

COLD STORAGE FACILITY LICENSING FORM



1.0 PARTICULARS OF APPLICANT

1.1 Name of Applicant

1.2 Telephone number

1.3 Postal Address

1.4 Fax:

1.5 E-mail:

2.0 FACILITY INFORMATION

2.1 Name of Facility:

2.2 Exact Location of Facility (Indicate landmark where applicable):

2.3 Maximum storage capacity in Tonnes

2.4 Type of Freezer Facility (Ordinary Freezer/Blast Freezer)

2.5 Type of meat / fish products

country of origin

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2.6 Indicate Availability and Horsepower of Generator

2.7 Indicate other facilities used by company but not belonging to company

DECLARATION

I, hereby confirm that the information provided above is true to the best of my knowledge.

Signature Position.....Date...../...../.....

Note: This Licence is valid for one (1) year.



Please sketch or attach directions to cold storage facility, indicating landmarks if any.