



**FOOD AND DRUGS AUTHORITY**

**DOC. TYPE: FORM**

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**Effective Date: 29/01/2024**

**RE-APPLICATION FOR A FOOD HYGIENE PERMIT  
(MANDATORY AFTER 3 MONTHS OF NOT ADDRESSING NON-COMPLIANCES)**

**SECTION A – General Information**

<b>Food Service Establishment Information</b>	Name of Establishment:		Location:	
	Establishment Mailing Address:		GPS Address:	
	City:	Email:	Official Phone Number:	
	Region:	Phone Number(s):		
	Name of Contact Person(s):	Position(s):	Number of Shift(s):	
Number of Worker(s):	Number of Food Handler(s):	Average Number of Plates / Packs served per day:		

**TYPES OF OPERATIONS** *(Tick all that apply)*

<b>FOOD SERVICE</b>	
<input type="checkbox"/>	Lounge/Bar with Food Service
<input type="checkbox"/>	Event Catering / Institutional / Airline / Concession Catering
<input type="checkbox"/>	Hotel with Food Service
<input type="checkbox"/>	Mobile Food Unit or Food Van
<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Takeout or Fast Food or Drive-In or Drive-Thru
<input type="checkbox"/>	Online Food Business
<input type="checkbox"/>	Chop Bar
<input type="checkbox"/>	Bakery
<input type="checkbox"/>	Canteen
<input type="checkbox"/>	Snack Bar / Cafe
<input type="checkbox"/>	Other _____

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

.....  
Applicant Signature

.....  
Date of Application Submission

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