

FOOD AND DRUGS AUTHORITY Application for Street Food Vendor Permit



SECTION A – General Information

Type of application (check appropriately)	New Re	enewal Change of kitchen
	Change of vending loo	cation
Name of Applicant:(Surname)	(First and Middle names)	Gender: Male Female
Title: Mr. / Mrs. / Miss. / others		
Name of Facility:		Has temporary Structure permit: Yes No If Yes, permit no.
Applicant Postal Address / GPS Address:		Contact/Phone No:
Vending location:	District:	Region:
Preparation/Kitchen location:	District:	Region:
Number of workers	Applicant Medically Cer	rtified: Yes No
	Number of Workers Med Certified:	dically
Type(s) of Food (s) Sold		
I,the information given on this applicati		hereby, declare that rect to the best of my knowledge.
Applicant's Signature / Date		
Receiving officer:		
Signature:		
Date		