

**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:…………………………………………………………………………………………….........

2.1Postal Address:……………………………………………………………………………………………………….

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

2.4 Location Address……………………………………………………………………………………………………

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

2.5Mailing 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***