|  |  |  |
| --- | --- | --- |
|   | **FOOD AND DRUGS AUTHORITY**  | **DOC. TYPE: FORM**  |
| **DOC NO.: FDA/APD/FOR-16**  |
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| **TITLE: MEAT SHOP LICENSING FORM**  |

# 1.0 PARTICULARS OF APPLICANT

1.1 Name of Applicant: …………………………………………………………………………….………….

1.2 Telephone number: …………………………………………………………………………….………….

1.3 Postal Address: ………………………………………………………………………………..……………

1.5 E-mail: …………………………………………………………………………………………..……...……

# 2.0 INFORMATION ON FACILITY

2.1 Name of Facility: ………………………………………………………………………………………….

2.2 Physical location of Storage Facility/GPS Address: …………………………………………….

 ……………………………………………………………………………………………………………………

2.3 Number of Freezers: ………………………………………………………………………………………

2.4 Complete the table below

|  |  |  |
| --- | --- | --- |
| No  | Type of meat/fish products | Name of supplier |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

2.5 a. Indicate availability of a functional generator: yes no

b. If yes, indicate Horsepower: ………………………………………………………

|  |  |  |
| --- | --- | --- |
|   | **FOOD AND DRUGS AUTHORITY**  | **DOC. TYPE: FORM**  |
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# 2.6 Indicate other Branches if any and their Locations using Landmarks and GPS Address

|  |  |  |  |
| --- | --- | --- | --- |
| **No**  | **Branch**  | **Physical Location**  | **GPS Address**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# DECLARATION

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

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

 DD/ MM / YY

**NOTE: The LICENCE is valid for one (1) year.**

**Please sketch or attach directions to the meat shop, indicating landmarks, if any.**