



City of Adola

LEGAL SERVICES DEPARTMENT

APPLICATION FOR THE ISSUANCE OF BUTCHERY/ RESTAURANT/ BAKERY/ TAKEAWAY PERMIT

PART A

1. Full Name of Applicant:.....
2. Postal Address:.....
3. Stand Number:.....
4. Business Name:.....
5. Number of Employees:.....
6. Name of Street:.....
7. State number of previous/current trading retail license (if any):
.....
8. Description of goods to be sold:.....
9. Date of application:.....
10. I..... do solemnly and sincerely declare that the particulars given in this application form are true and correct and that I have not withheld any information which might effect my application **AND** I make solemn declaration conscientiously believing that same to be true and by virtue of the provisions of the Statutory Declaration Act 1985.

PART B

FOR OFFICIAL USE ONLY

Remarks by Director of Public Health

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NOTE: all employees working in Restaurants, Bakeries, Takeaways and Butcheries must be subject to medical checks and proof of the same before licenses and food permits are issued.