



**RUFUNSA TOWN COUNCIL
PUBLIC HEALTH SERVICES SECTION**

**APPLICATION FOR A HEALTH PERMIT ISSUED IN THE TERMS OF FOOD SAFETY
FOOD SAFETY ACT NO. 7 OF 2019/PUBLIC HEALTH ACT CAP 295**

1. Name of Applicant:
2. Business Name:
3. Postal Address: E-mail Address.....
4. Specific Land Mark:.....
5. Date of Birth:
6. National Registration Card No:
7. Situation of Premises:
8. Plot No(If applicable):
9. Type of Business Number of Workers.....
10. Contac No: Tpin No:.....

I/We apply for the Grant/Renewal of the under mentioned Health Permits:

- a. Health Permit Class A
- b. Health Permit class B
- c. Health permit class C
- d. Health Permit class D

In respect of the above mentioned premises/person for the year ending 31st December, 20

Date:Signature:

Notice: The application form must be accompanied with the following:

1. A fee of K.....
2. Medical Examination Certificate for Food Handlers
3. District Fire Officer's Report
4. Medical Officer of Health Report
5. Waste Management Contract