

**Application for Food Hygiene Permit**

**SECTION A – General Information** *(All applicants complete* ***entire*** *section- please print)*

**Purpose** (check one)  **New**  **Renewal**  **Extensive Remodel**  **Change of owner/operator**  **Reactivate**

**TYPES OF OPERATIONS** (Check all that apply)

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| --- | --- |
| **FOOD SERVICE**  | **TYPES OF DISHES SERVED**   |
|  Bar with Food Service  Contract Caterer  Hotel with Food Service  Mobile food unit  Restaurant  Takeout or Fast Food or Drive-in or Drive-thru  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  Local  Continental  Chinese  ***Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***   |

**SECTION B – Complete for *ALL* Food Establishments -** *Check all that apply*

**1.0 Preparation & Processing Methods:**

 ***Attach*** copy of proposed menu

Methods of food preparation (check the one that most closely describes the establishment):

  Assembly of Ready-to-eat foods

 Cook and Serve

 Complex (Preparation 1 day or more in advance, cooling and reheating is done) Hot or Cold Holding or service for 2 hr. or more

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| --- |
| Style of Service: Counter Service Self-Service (i.e. Buffet line, salad bar)  Table Service Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|   **2.0 Equipment & Raw Materials**   **2.1 Equipment**    |   |
|  **Equipment Type**    |  **Number of Units**   |
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| ......................................................................   **2.2Type and sources of raw materials**    | ..........................................  |
| **Raw Material Type**   |   **Sources**   |
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(Attach details/additional information, where necessary)

3.0 Source of water:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.1 Alternate Source of Water \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.2 Storage System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.0 Type of water treatment system (If any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5.0 CATERING:**

List the equipment used to protect food from contamination and to maintain product temperature during:

 5.1 Transportation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5.2 Hot or cold holding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5.3Describe sneeze guards or food protection devices to be used during display for self service:

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**6.0 Waste Management & Drainage System**

6.1 Method of solid waste disposal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6.2 Method of Liquid waste disposal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**7.0 Management Personnel**

  **Personnel Qualification(s) Years of Experience**

|  |  |
| --- | --- |
| 1. Manager (F & B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Head, Chef \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Head, Procurement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Head, Stores \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Proprietor/Owner/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **8.0** Any additional information:
 |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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**9.0 Enclosure**

1. Technical and/ or management agreement signed with any organization
2. Building plans indicating machinery positions and sanitary facilities c. Site master file
3. Certificate of Incorporation of Business
4. Certificate of Commencement of Business
5. Health or Food Handlers Test Certificate

I, hereby, declare that the information given on this application form is true and correct to the best of my knowledge.

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 Manager or F & B Manager Date



**FOOD SERVICE ESTABLISHMENT LOCATION**

1. Name of Facility: ……………………………………………………………….……………………………
2. Contact Number: (Landline)……………………….…… Mobile: …….…………………………….
3. Postal Address: ………………………………………………………………..………………………………
4. Contact Person: …………………………………………………………..…………………………………

1. Position: ………………………………..……………Tel: ……………….…….…………………………….

 Please sketch or attach exact direction to your facility, indicating landmarks, if any