|  |  |  |
| --- | --- | --- |
|   | **FOOD AND DRUGS AUTHORITY**  | **DOC. TYPE: FORM**  |
| **DOC NO.: FDA/APD/FOR-17**  |
| **Page 1 of 2**  | **REV. NO.: 00**  |
| **TITLE: COLD STORAGE FACILITY LICENSING FORM**  |

# 1.0 PARTICULARS OF APPLICANT

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

1.2 Telephone Number(s): ………………………………………………………………………………………..

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

1.4 E-mail: …………………………………………………………………………………………………………………...

# 2.0 INFORMATION ON FACILITY

2.1 Name of company: ……………………………………………………………………….………….…………

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

………………………………………………………………………………………………………………..……..

 **Tick where applicable;**

|  |
| --- |
|   |

2.3 Importer: Retailer: Wholesaler:

2.4 Rentee: Owner:

|  |
| --- |
|   |

2.5 Fresh Application: Renewal:

2.6 Maximum Storage Capacity in Tonnes: ……………………………………………………..……….

2.7 Number of Cold Rooms: ……………………………………………………………………………………

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

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

2.9 a. Indicate availability of Cold Van: yes no

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

# 2.10 Indicate other Branches if any and their Locations using Landmarks and GPS Address

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



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**TITLE**

**:**

**COLD STORAGE**

**FACILITY LICENSING FORM**

2.11 Complete the table below

|  |  |  |
| --- | --- | --- |
| **No**  | **Type of meat/fish products**  | **Country of origin**  |
|   |    |   |
|   |    |   |
|   |    |   |
|   |    |   |
|   |    |   |
|   |    |   |
|    |   |   |

# 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 cold storage facility, indicating landmarks, if any.**