



Application for Street Food Vendor Permit

FDA/FSM/FOR/-18



SECTION A – General Information

Type of application (check appropriately) New Renewal Change of vending location Change of kitchen

Name of Applicant:..... (Surname) (First and Middle names) Title: Mr. / Mrs. / Miss. / others.....		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Name of Facility:		Has temporary Structure permit: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, permit no.	
Applicant Postal Address / GPS Address:		Contact/Phone No:	
Vending location:	District:	Region:	
Preparation/Kitchen location:	District:	Region:	
Number of workers	Applicant Medically Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Number of Workers Medically Certified:		
Type(s) of Food (s) Sold			

SECTION B

Indicate where you source the following; main source and others

Fruits: _____

Vegetables: _____

Meat/Poultry and their products: _____

Fresh/frozen Fish: _____

Smoked fish: _____

Pre-packaged foods (rice, cooking oil etc.): _____

Herbs and Spices (pepper, ginger etc.): _____

Palm Oil: _____

Water: _____

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

.....
Name of Applicant

.....
Date

.....
Name of Receiving officer

.....
Date