

KITWE CITY COUNCIL

APPLICATION FOR A HEALTH PERMIT

(Food and Drugs Regulations 1999)

REF : PH/27/1

TO : **THE HEALTH AUTHORITY**

APPLICATION FOR HEALTH PERMIT

Full name of applicant

Address

Plot No

Business Name

Street / Road

Name and Address of landlord

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Nature of Business for which the health is required

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Date

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SIGNATURE OF APPLICANT