



# THE PUBLIC HEALTH ACT

## APPLICATION FOR A FOOD HANDLERS PERMIT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_

SEX (tick appropriate box)  MALE  FEMALE

OCCUPATION \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A FOOD HANDLERS PERMIT? \_\_\_\_\_

WAS THE APPLICATION GRANTED OR REFUSED? \_\_\_\_\_

IF REFUSED, STATE REASON \_\_\_\_\_

NUMBER OF LAST FOOD HANDLER'S PERMIT \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### FOR OFFICIAL USE ONLY

AMOUNT OF FEES PAID (\$) \_\_\_\_\_

DATE OF RECEIPT \_\_\_\_\_

DATE OF MEDICAL EXAM \_\_\_\_\_

OFFICIAL RECEIPT NO \_\_\_\_\_

PERMIT STATUS

GRANTED

REFUSED

PERMIT CATEGORY

REASON FOR REFUSAL

MO(H) SIGNATURE \_\_\_\_\_