

Environmental Health Division

Ministry of Health and Social Development

Government of the Virgin Islands



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TEMPORARY FOOD ESTABLISHMENT REGISTRATION FORM

NAME OF EVENT:			
Date	From:	To:	Opening Times:
Location/Site:			
Coordinator(S)/Organizer(s):		Phone	Home:
			Work:
			Cell:
APPLICANT INFORMATION			
Date of Application:			
Name of Applicant(s)/Owner(s):			
Address:			
Email:		Phone	Home:
			Work:
			Cell:
Associated Food Establishment (if applicable) or Name of residence where foods were prepped:			
DO YOU HAVE A FOOD VENDING LICENSE?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , please attach a copy with this application.			
BOOTH/STALL INFORMATION			
Booth/stall Name:			
Booth/stall No:			
<i>*Please list the names of ALL food handlers that would be employed for the event on the attached sheet of paper, also provide a copy of their food handler's certificate.*</i>			
I (We)....., hereby apply for registration and license, and by this application agree to comply with the provisions of the Food Hygiene Regulations of 1972, in the operation of the business for which registration is required.			
Signature(s):			Date:
FOR OFFICIAL USE ONLY			
Date Application Received:			Received by:
Application:	Approved:	Denied:	Conditional:

