

Environmental Health Division

Ministry of Health and Social Development
Government of the Virgin Islands



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APPLICATION FOR REGISTRATION/LICENCING OF A FOOD ESTABLISHMENT

DATE OF APPLICATION

APPLICANT INFORMATION

NAME OF APPLICANT /OWNER.....

ADDRESS.....

TELEPHONE #: (L)..... (C)

E – Mail.....

ESTABLISHMENT INFORMATION

NAME OF FOOD ESTABLISHMENT.....

ADDRESS OF FOOD ESTABLISHMENT.....

OPERATION/ LOCATION.....

TYPE OF FOODS TO BE SOLD IN FOOD ESTABLISHMENT.....

.....

NUMBER OF EMPLOYEES.....

TYPE OF TRADE LICENCE SOUGHT.....

SIGNATURE OF APPLICANT.....

Please provide copy of Trade Licence with application form

FOR OFFICE USE ONLY

Licence#:

CATEGORY OF FOOD ESTABLISHMENT

- () Bakery () Bar () Deli () Food Vendor () Grocery () Mobile Food Unit () Superette
() Restaurant and Bar () Snack-bar () Snackette () Supermarket () Wholesale
() Other Premises_____

Date Application received..... By.....

Registration # of Vehicle..... Expiry date.....

Inspected on Inspected by.....

Permission Granted Yes No

If refused, reason (s) for refusal.....

Date Granted..... Expiry Date.....