

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

License #:

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.....

Checked by..... Inspected by.....

Permission Granted..... Refused.....

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

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