

Environmental Health Division

Ministry of Health and Social Development
Government of the Virgin Islands



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APPLICATION FOR LICENCE TO OPERATE A COMMERICAL WATER BOTTLING PLANT / COMMERCIAL ICE PLANT

DATE OF APPLICATION.....

NAME OF APPLICANT / OWNER / PROPRIETOR.....

ADDRESS.....

.....

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

NAME OF COMMERCIAL WATER BOTTLING / ICE PLANT

.....

ADDRESS OF/PROPOSED ADDRESS OF COMMERCIAL WATER BOTTLING / ICE PLANT

.....

SOURCE OF SUPPLY..... TOTAL CAPACITY OF THE PLANT

TIMES OF OPERATION.....

NUMBER OF EMPLOYEES.....

HEALTH CERTIFICATES: No. Valid No. Invalid.....

(Please attach copies for verification when submitting form)

Reasons for invalidity:.....

TYPE OF TRADE LICENSE SOUGHT:.....

SIGNATURE OF APPLICANT

<u>FOR OFFICE USE ONLY</u>	
Date Application received.....	By.....
Trade License #.....	Expiry date.....
Checked by.....	
Date of Inspection of Facility.....	
Inspected by.....	
Permission Granted.....	Refused.....
If refused, reason (s) for refusal.....	
Date Granted.....	Date Expired.....