

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:
REGISTRATION APPLICANT			
Date of Application:			
Name of Applicant(s)/Owner(s):			
Address:			
Email:		Phone	Home:
			Work:
			Cell:
Associated Food Establishment (if applicable)			
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			
Name of Booth:			
Booth No.:		Booth Category: Bar Only <input type="checkbox"/> Food Stall and Bar <input type="checkbox"/>	
<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:

