



APPLICATION FOR BUTCHER'S LICENCE
(To be completed in triplicate)

TYPES OF LICENCE: GENERAL

Name of Applicant

Address of Applicant

Contact # Email :

TO THE CHIEF EXECUTIVE OFFICER
LOCAL BOARD OF HEALTH
THE ST. MARY MUNICIPAL CORPORATION

Pursuant to regulation 4 of the PUBLIC HEALTH ACT (ST. MARY) BUTCHERS REGUALTIONS 1989,
I hereby make application to the Local Board of Health for a Butchers' Licence to operate at:
..... and attach hereto two recent photographs of
myself taken not more than three (3) months prior to the date hereof and the prescribed fee of Two
Thousand Five Hundred Dollars (\$2,500.00) for the Licence and Administrative cost;
I propose to slaughter:-

The following animals

From the premises of

Between the hours of

The animals will be transported by

The carcasses and meat transported by

The meat will be stored

Expiration date of current Food Handler's Certification

Dated this day of 20.....

.....
SIGNATURE OF APPLICANT

TO SUPERINTENDENT OF POLICE, I/C, ST. MARY

Kindly cause investigation to be made and advise whether:

- a) The applicant is of good character
- b) The investigation reveals any other factor which will determine his/her suitability to operate a licence.

.....
Date.....

CHIEF EXECUTIVE OFFICER,
THE ST. MARY MUNICIPAL CORPORATION

(C) CHIEF EXECUTIVE OFFICER, THE ST. MARY MUNICIPAL CORPORATION

Port Maria

I hereby certify that the investigation has been made and I submit my report as follows:

(a)

.....
SUPERINTENDENT OF POLICE, I/C, ST. MARY

.....
Date

(D) MEDICAL OFFICER (HEALTH)

I/C St. Mary

Kindly submit your recommendation on the applicant mentioned on the overleaf, and advise of his fitness to be engaged in the trade of butchering.

.....
Chief Executive Officer,
The St. Mary Municipal Corporation

.....
Date

(E) CHIEF EXECUTIVE OFFICER

The St. Mary Municipal Corporation
Port Maria

I hereby certify that the applicant who is mentioned
the overleaf, has been examined by me and is considered fit/unfit to engage in the Butchering and s
meat.

.....
Medical Officer (Health)

.....
Date

(G)

Health Department Report

CHIEF EXECUTIVE OFFICER

The St. Mary Municipal Corporation
Port Maria

I have had premises at which slaughtering to be carried on as per application, inspected and find t
properly equipped/not equipped and fit/not fit for the conduct of such business.

I recommend/ do not recommend that slaughtering be done on
between the hours of and

.....
Medical Officer (Health) St. Mary

.....
Date