

FORM 1A

APPLICATION FOR BUTCHER'S LICENCE (RENEWAL)

(To be completed in triplicate)

Type of Licence: No. on Licence:

Secretary/ Manager
St. James Municipal Corporation
MONTEGO BAY

Pursuant to Regulation 4 of "The Public Health (Butcher's) Regulations 1989", I hereby make an application to the Local Board of Health (St. JAMES) for a Butcher's Licence to operate at

attach two (2) photographs of myself taken not more than three (3) months prior to the date hereof and prescribed fee of (\$)

Name of Applicant:

Tel. No.:

Address of Applicant:

Place of Slaughter:

Type and number of animals to be slaughtered:

Day & Hour of Slaughter:

Method of Transportation:

Date of Food Handler's Certification:

Dated thisday of20.....

Signature of Applicant

(2)

Medical Officer (Health)
Superintendent of Police
For investigation and report, please
.....

Secretary/ Manager
ST. JAMES MUNICIPAL CORPORATION
Date:

(3)

Secretary/ Manager
St. James Municipal Corporation
Montego Bay

I hereby certify that the applicant.....

Whose signature appears above, has been examined by me and is considered fit/ unfit to engage in butchering and sale of meat.

.....
Medical Officer (Health)
ST. JAMES

Date:

(4)

Secretary/ Manager
St. James Municipal Corporation
Montego Bay

In accordance with Section seven (7) (i) and (ii) of “ The Public Health (Butcher’s) Regulations of 1989”, I beg to report on the above Application as follows:-

(i)

(ii)

.....
Superintendent of Police

Date:

(5)

Secretary/ Manager
St. James Municipal Corporation
MONTEGO BAY

I have had premises at which slaughter is to be carried out as per Application inspection, and find them properly equipped/ not properly equipped and fit/unfit for the conduct such business.

I recommended/ do not recommend that slaughtering be done on

Between the hours of and

.....
Medical Officer (Health)
ST. JAMES

Date: