



FORM 1
APPLICATION FOR BUTCHER'S LICENCE
(To be completed in triplicate)

Chief Executive Officer
Municipal Corporation, Trelawny
Falmouth

Type of Licence

Pursuant to Regulation 4 of "The Public Health (Butcher's) Regulation, 1989"
I hereby make application to the Local Board of Health (Trelawny) for a Butcher's
Licence to operate at and attach two (2)
photographs of myself taken not more than (3) months prior to the date hereof and a
prescribed fee of **Two Thousand Five Hundred and Fifty Dollars (\$2,550.00)**.

Name of Applicant

.....Telephone.....

Address of Applicant

.....

Place of Slaughter

.....

Type and number of animals to be slaughtered

.....

Day and hour of slaughter

.....

Method of transportation

.....

Date of last Food Handler's Certification

.....

Dated this day of 20

.....

.....
Signature of Applicant

Chief Executive Officer
Municipal Corporation, Trelawny
Falmouth

I hereby certify that the Applicant whose signature appears above has been examined by me and is considered fit/unfit to engage in the butchering and sale of meat.

.....
Date Medical Officer (Health),
Trelawny

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In accordance with Section 7 (i) and (ii) of "The Public Health (Butcher's) Regulations of 1989", I beg to report on the above applicant as follows:

i.
...
.....
.....
.....

ii.
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.....
.....

.....
Date Inspector of Police

.....
Address

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HEALTH DEPARTMENT'S REPORT

**Chief Executive Officer
Municipal Corporation, Trelawny
Falmouth**

I have had premises at which slaughtering is to be carried on as per application inspected, and find the premises properly equipped/not properly 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), Trelawny

Date

N.B. Not applicable to Associate