



St. Catherine Municipal Corporation

FORM 1

APPLICATION FOR BUTCHER'S LICENCE (TO BE COMPLETED IN TRIPLICATE)

Type of Licence

Chief Executive Officer
St. Catherine Municipal Corporation
Spanish Town

Pursuant to Regulation 4 of the "Public Health (Butcher's) Regulation 1989" I hereby make application to the Local Board of Health (St. Catherine) for a Butcher's Licence to operate at and attached three (3) photographs of myself taken not more than three (3) months prior to the date hereof and prescribed fee of

Name of Applicant.....
Address of Applicant.....
Place of Slaughter

Type and number of animals to be slaughtered.....
.....

Method of Transportation

Date of last Food Handler's Certificate.....

Dated thisday of20.....

.....
Signature of Applicant

(2)

Chief Executive Officer
St. Catherine Municipal Corporation
Spanish Town

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)
St. Catherine

(3)

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

- (i)
- (ii)
- (iii)

.....
Date Inspector of Police
Address