



FORM 1

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

Type of Licence

Secretary
Parish Council, St. Elizabeth
Black River

Pursuant to Regulation 4 of the The Public Health (Butcher's) Regulation I hereby make application to the Local Board of Health (St. Elizabeth) for a Butcher's Licence to operate at ... and attached (3) photographs of myself taken not more than three (3) months prior to the date hereof and prescribed fee of Two Thousand Five Hundred (\$2,500.00)

Name of Applicant
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

(2)

Secretary
Parish Council St. Elizabeth
Black River

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. Elizabeth

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

- (1)
(2)

Date

Inspector (Health)

Address