CHILANGA TOWN COUNCIL
P.O BOX 350045, CHILANGA, ZAMBIA
Tel: +260-211-279190 **EMAIL. chilangadcouncil@gmail.com**

PUBLIC HEALTH SECTION

APPLICTION FOR A HEALTH PERMIT ISSUED IN TERM OF THE FOOD SAFETY ACT NO. 7. 2019 AND THE PUBLIC HEALTH ACT CAP 295 OF THE LAWS OF ZAMBIA.

1. **Name of applicant…….**
2. **Business name ……..**
3. **Postal address ……...**
4. **Mobile number …….**
5. **Description of services/goods to be sold……**
6. **Situation of premises…….**
7. **Stand number ……**
8. **Number of employees…….**

I/we apply for the grant/renewal of the under mentioned permits:

a) **Health permit Class A**
b) **Health permit Class B**
c) **Health permit class C**

In respect of the above mentioned premises/person for the ending 31st December, 20…..

Date ……. **Signature……..**

NOTICE: the application form must be accompanied with the following:

1. **A fee of ……..**
2. **Medical examination certificate for food handlers**
3. **District fire officers report**
4. **Waste management contract**