

APPLICATION for a LICENCE from the Superintendent of Public Health

Name, Surname and ID number Place of residence of applicant	
On behalf of: (Company Name)	
Nature of license applied for	
Locality, with full particulars, where the trade is to be carried on	
Date and Signature of applicant	

Forwarded to the Environmental Health Officer together with the prescribed form of particulars relative to the proposed premises.

Date: _____

Clerk in Charge

Senior Environmental Health Practitioner _____,

Referred for your information and instructions please.

Date: _____

Environmental Health
Officer

Director (Environmental Health),
Thru' Manager Health Inspector,

Report re-above application is herewith attached. Referred for your approval please.

Date: _____

Senior Environmental Health
Practitioner

Data Protection Statement: All Data collected is processed in accordance with legal provisions and the Data Protection Act 2001. Personal Data is not disclosed to third parties if not required by Law or by other EU Regulations/obligations.