

**FORM F**

Name: .....

Home Address: .....  
.....  
.....

Tel. No.: 

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H/P : 

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The Licensing Office  
Public Health & Licensing Division  
MBKS, Kuching

I wish to make application for the  Issue /  Reissue /  Surrender /  Conversion of the license  
at ..... Kuching  
Name of Shop Full Address

For consideration of the Council.

- Food shop license (specify type of trade) .....
- Liquor       Beer and Stout       Arrack
- ..... No. of food stalls as below

Type of Food	Name of Operators	NRIC/Passport No.
1 .....	.....	.....
2 .....	.....	.....
3 .....	.....	.....
4 .....	.....	.....
5 .....	.....	.....
6 .....	.....	.....
7 .....	.....	.....
8 .....	.....	.....

***Documents to be submitted, if necessary***

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> IC/Passport</li><li><input type="checkbox"/> Agreement/ Letter of Consent</li><li><input type="checkbox"/> Cert. Of Food Handler Course</li><li><input type="checkbox"/> Company Registration</li><li><input type="checkbox"/> Nomination Letter</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Photograph</li><li><input type="checkbox"/> Land Title/ S &amp; P</li><li><input type="checkbox"/> Medical Checkup</li><li><input type="checkbox"/> Form 49</li><li><input type="checkbox"/> List of Workers</li></ul> |
|---|---|

.....  
Name:  
NRIC No.  
Date:

.....  
*Office use*