



LUANSHYA MUNICIPAL COUNCIL – PUBLIC HEALTH DEPARTMENT

APPLICATION FOR A HEALTH PERMIT FOR NON FOOD PREMISES ISSUED IN THE TERMS OF THE PUBLIC HEALTH ACT CAP 295 OF THE LAWS OF ZAMBIA

- 1. Name of Applicant:
- 2. Business Name:
- 3. Stand No:
- 4. Location of Premises:
- 5. Postal Address:
- 6. Contact Number:
- 7. E-Mail Address.....

I/we apply for the Grant/Renewal of the under mentioned Permit:

Class..... Specify if necessary.....
.....

In respect of the above mentioned premises for the year ending 31st December, 20.....

Date: Signature:

Fee: K.....

REMARKS

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Health Inspector’s Name:..... Signature:.....

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

- 1) Occupation Certificate (new premises only)
- 2) Chief Fire Officer’s Report
- 3) Waste Management Contract