

Please address
all correspondence
to Food
Safety
Office

Or 68100 (ext)
FAX: +685 20162
P.O. Box Private Bag
Motoootua



Government of Samoa

Ministry of Health Samoa
**HEALTH CERTIFICATE APPLICATION FORM FOR FOOD
BUSINESS**

The Director General of Health
Ministry of Health
MOTOOTUA

I, of would like to apply for a
Health Certificate to operate a food business located at as
required under Part 3 section 13 of the Food Act 2015.

A. PERSON INCHARGE / OPERATOR

FIRST NAME AND SURNAME:

ADDRESS.

Postal: Residential:

Tel Number: Email address:

NAME OF OWNER (if different from operator)

Postal Residential

Tel Number..... Email Address

B. PARTICULARS OF FOOD PREMISES

NAME OF FOOD BUSINESS (if any)

TYPE OF FOOD PREMISES (e.g. restaurant, cafe, manufacture, bakery, etc)

.....

OPERATING HOURS

LOCATION ADDRESS (where the food premises can be inspected)

.....

Attach a **site map** of your Food business location.

C. FOOD CATEGORY

List and describe the food items / nature of food / type of food involve (e.g. according to your menu)

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.....
.....

D. NATURE OF HANDLING

List and describe what your activities will entail (e.g. preparation, packing, manufacturing, processing, transporting, exporting, etc)

.....
.....
.....

E. STAFF

Number of persons employed or to be employed.

Males: **Females:**

*Food handlers must uplift **Health Clearance Form** from the Ministry of Health office and undergo medical screening tests for the endorsement of food handlers' health cards. Test results must be attached with the Health Clearance form and submitted to the Food Safety & Tobacco Control unit.*

F. PURPOSE OF APPLICATION

- New business
- Transfer of ownership
- Relocation of business
- Renew of licence

Others (state reason)

G. PARTICULARS OF APPLICANT

NAME: **CAPACITY** (e.g. owner, manager, agent, etc).....

POSTAL ADDRESS: **TEL NO:**

SIGNATURE: **DATE OF APPLICATION:**