

Application for Food Grading Inspection

Applicant Information (Print Clearly)

Last Name or Company name: _____

If a person – Given names: _____

If a Company - Contact name: _____

Contact position: _____

Address of Applicant: _____

Applicant phone number: _____ Fax number: _____

Trading Information

Trading name: _____

Manager: _____

Location of premises: _____

Premises Phone number: _____ Premises Fax number: _____

Applicant Name: _____ Applicant Position: _____

Applicant Signature: _____ Date: _____

Office Use Only

Environmental Health Officer: _____

Date: _____ Fee paid: _____