



APPLICATION FOR REGISTRATION OF PREMISES

ZFDA/FSCD/AFM/001
Rev. # 5

Under Section No. 18(1) of the Zanzibar Food, Drugs and Cosmetics Act, 2006

PART I: APPLICANT DETAILS

I/We hereby apply for registration of my/our existing/new premises in accordance with the Zanzibar Food, Drugs and Cosmetics Act, 2006 and its Amendments No. 3/2017.

1. Name of applicant.....
2. Postal address Tel No.....
3. Full name of partner(s) and/Director(s).....
Tel No.....
4. Situated at Street/Village, Plot No.....
District..... Region
5. Premises to be registered for a business of.....
6. The business will be under the direct supervision of
7. The proposed name of the premises is
8. My/ our financial resources committed for this business amount to
..... and my/our annual projected turnover is Tshs

PART II: APPLICANT DECLARATIONS

1. If my/our premise is registered and licensed I/We shall keep it in hygienic condition and good state of repair under the above mentioned Act and Regulations made there under.
2. I /We have not been convicted of any offence relating to provision of the Zanzibar Food, Drugs and Cosmetics Act 2006 and Regulations made thereunder within 12 months immediately proceeding this application and have not been disqualified from holding a licence/certificate and my/our license is/is not suspended.

N.B. False declaration constitutes an offence.

.....
Date **Signature of applicant and stamp**

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Fees..... Receipt Noof
Registration granted/not granted because
Registration No. Approved by Management Meeting No. of..

.....
Date **Responsible Registration Officer** **Signature**

.....
Date **Signature of Executive Director and stamp**