FORM F

		I	Name:
		I	Home Address:
			Геl. No.: - -
Publi	icensing Office c Health & Licensing Divisions, Kuching	on	
l wish	n to make application for the	e Issue / Reissue /	Surrender / Conversion of the license
at			Kuching
ut	Name of Shop	Full Address	
For c	onsideration of the Council.		
	od shop license (specify typus Beer and Stouthous No. of food st	t Arrack	
	Type of Food	Name of Operators	NRIC/Passport No.
1			
2			
3			
4			
5			
6			
7			
8			
Do	cuments to be submitted, if r	pecessary	
IC/Passport Photograph		Photograph	
Agreement/ Letter of Consent Lar		Land Title/ S & P	Name:
Cert. Of Food Handler Course Med		Medical Checkup	NRIC No.
Company Registration		Form 49	Date:
Nomination Letter		List of Workers	
		Elot of Workers	

Effective Date: 16th May 2011 Page 1 of 1