



THE PUBLIC HEALTH ACT
公共卫生法
Application for Food Handler's Permit
申请食品处理人员许可证

Name 姓名: _____

Address 居住地址: _____

Telephone 电话 (c): _____ (H 家) _____ (W 工作) _____

Sex 性别: Male 男 [] Female 女 []

Occupation 职业: _____

Name of Employer 雇主名称: _____

Business Address of Employer 雇主地址: _____

Have you ever applied for a Food Handler's Permit? Yes [] No []

你曾经申请过食品处理的许可证?

Was the application refused? 申请被拒绝? Yes [] No []

If YES, state reason 如果是, 说明理由: _____

Number of most recent Food Handler's Permit _____

最近的食物处理许可证编号

Date 日期: ____/____/____ Signature 签名: _____

FOR OFFICE USE ONLY 以下供官方使用

Amount Fee Paid \$ _____ Date of Examination: ____/____/____

[] Granted [] Refused Permit Number: _____

Reason for Refusal: _____

Date: ____/____/____ Signature Medical Officer (Health): _____

N.B . THERE IS ABSOLUTELY NO REFUND 是绝对没有退款