

THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR
MINISTRY OF HEALTH
CHIEF GOVERNMENT CHEMIST LABORATORY AGENCY



P.O.BOX 759

ZANZIBAR

APPLICATION FORM FOR REGISTRATION OF PREMISES

1. Particulars of the applicant:

- 1.1 Name:
- 1.2 Address:
- 1.3 Telephone:
- 1.4 Fax:
- 1.5 E-mail:

2. Physical Address:

- 2.1 Plot No:
- 2.2 Street No:
- 2.3 District:
- 2.4 Region:

3. Proprietor of the Premises (if different from I above)

- 3.1 Name:
- 3.2 Address:
- 3.3 Telephone:
- 3.4 Fax:
- 3.5 E-mail:

- 4. Registration Certificate No:
- 5. Business License:

6. Proximity to Economic Values km or miles

- 6.1 Distance to the nearest water bodies.....
- 6.2 Distance to the nearest school/college.....
- 6.3 Distance to the nearest hospital.....
- 6.4 Distance to the nearest settlement.....
- 6.5 Distance to the nearest industry.
- 6.6 Distance to the nearest recreational facilities.....
- 6.7 Distance to the nearest farm/ranch/game reserve/national park/forest reserve.....

7. List of chemicals to be handled (where applicable):

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Signature

Date

Official stamp

OFFICIAL USE ONLY

Name of the officer.....Designation.....

Signature....., Date.....

Decision; - Accepted/ Rejected.....

Reason for rejection if any