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**):

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

***Signature***…………………………………………

***Date***……………………………………………

Official stamp

**OFFICIAL USE ONLY**

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

Signature……………………………., Date……………..

**Decision**; - Accepted/ Rejected………………………………

 Reason for rejection if any