Application Form for a License for the sale of	Chemical Fertilisers
	1000)

(Chemical Fertiliser Control Act, 1980)

1. Surname (Mr /Mrs /Miss):	(IN BLOCK LET	ITERS)	•••••
2. Other Names:	(IN BLOCK LET		•••••
3. Address (Residence):			•••••
4. Telephone Number:			
5. Address of premises in respect		is made:	
6. Fertilisers in respect of which			,
7. Type of license applied for:	Wholesaler	Retailer	
8. State whether arrangements h pesticides.	ave been made to store fe	rtilisers separate from foodstuffs and	
pesuciues.	Yes	No	
	provided exclusively for t	he weighing of fertilisers, in the case of a	an
applicant for a retailer license:	Yes	No	
	sers may safely be sold on	the premises in respect of which applica	ation is
made:	Yes	No	
Date:		Signature of applicant or person aut to sign on behalf of the applica	horized
Tick where appropriate		to sign on behan of the applica	.111
	For Official Use	Only	
Date of Inspection of premis	es:		

Premises: Approved/Not Approved	License No:
Date:	Signature of Officer: