



COUNTY GOVERNMENT OF MOMBASA

DEPARTMENT OF HEALTH SERVICES

HEALTH THE PUBLIC HEALTH ACT

(Cap 242, Sect. 13)

**APPLICATION FOR A PERMIT TO OPERATE BUSINESS
DURING THE COVID-19 PANDEMIC**

To the County Director, Public Health

I hereby apply for a permit to operate food business during the COVID-19 pandemic

Name of applicant.....

Name of person, firm or company to be issued with permit.....

Branch of the Business.....

Owner of the Premises.....

Plot No..... L.R. No.....

Physical Address.....

Telephone/Cellphone number.....

Email address.....

Date.....

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Name and Signature of applicant

**NB: KINDLY ATTACH COPIES OF BUSINESS REGISTRATION CERTIFICATE AND ALL OTHER
LICENSES (e.g. SINGLE BUSINESS PERMIT, FOOD HANDLING CERTIFICATE E.T.C)**