



**APPLICATION FORM FOR REGISTRATION  
OF PREMISE**

**ZFDA/DMC/FOM/010**

**Rev 01**

**(Made under section No.16(2) of the Act  
No.2/2006)**

I /We hereby apply for registration of my/our existing/new premise(s) in accordance with the Zanzibar Food, Drugs and Cosmetics Act, 2006.

1. Name of applicant.....
2. Postal address .....
3. Tel No.....
4. Full name of partner(s) and/Director(s).....  
Tel No.....
5. Situated at ..... Street/Village, Plot  
No.....  
District.....
6. Premises to be registered for a business  
of.....
7. The business will be under the direct supervision of ...  
.....
8. The proposed name of the premises is  
.....
9. My/ our financial resources committed for this business amount to  
..... and my/our annual projected turnover is Tshs  
.....
10. If my/our premise is registered and licensed, I/We shall keep it in hygienic condition and good state of repair as directed under the above mentioned Act and Regulations made there under.
11. I /We have not been convicted of any offence related to provision of the Zanzibar Food, Drugs and Cosmetics Act 2006 and Regulations made there under within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my /our license is/is not suspended.

**N.B. False declaration constitutes an offence**

.....  
Date ..... signature of applicant and stamp

**FOR OFFICIAL USE ONLY**

Fees ..... Receipt No. ....of .....,  
License granted/not granted because

.....  
..... License No.  
.....

.....  
**Date** ..... **Responsible Registration Officer Signature**  
Approved by Management meeting No. ....of .....

.....  
**Date** ..... **Signature for Executive Director and stamp**