



**APPLICATION FORM FOR BUSINESS PERMIT** ZFDA/DMC/FOM/001  
**(Made under section No.18(1) of the ZFDC Act**  
**No.2/2006)** Rev 00

**PART 1**

I/We hereby apply for renewal/a new license to manufacture, sell, pack, store or distribute Drugs/Herbal drugs/Cosmetics/Medical devices.

1. Name of applicant.....
2. Postal address .....Tel No.....
3. Full names of Partner(s) and/Director(s).....  
.....
4. Premises situated at .....Street/Village Plot No.....  
District.....
5. Premises registered for a business of .....
6. Premises Registration No. ....Dated: .....
7. Existing License No..... Dated ..... Expiring on .....
8. My/our financial resources committed for this business amount to  
.....and my/our annual projected turnover is T.Shs  
.....
9. **Name of Pharmacy/OTC/Veterinary Shop/Cosmetic Shop;**  
.....
10. The registered Pharmacist In charge for control of the distributions of **Poison I** is  
Dr/Mr/Ms.....
11. Registration Number.....
12. Health personnel(s) who will be dispenser(s) of medicines at my  
Pharmacy/OTC/Veterinary shop is/are:-  
i. .... (Attach copy of certificate)  
ii. .... (Attach copy of certificate)

**PART II: APPLICANT DECLARATIONS**

1. If my /our business is licensed I /We shall keep the premises in hygienic condition and good state of repair as required under the mentioned Act and Regulations made thereunder.
2. I/We have not been convicted of any offence relating to provision of the Zanzibar Food, Drugs and Cosmetics Act, 2006 and Regulations made thereunder 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 Name & Signature**  
Approved by Management meeting No. ....of .....

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