SUBIC BAY METROPOLITAN AUTHORITY
PUBLIC HEALTH AND SAFETY DEPARTMENT
Occupational Health and Safety Division
Bldg. 280 Dewey Avenue, Subic Bay Freeport Zone, Philippines 2222
Tel. (047) 252-4502 Fax (63-47) 252-4502

Departmental Quality Form
PSD-QF 403-A
Rev. No.: 02
Effectivity Date: 06-07-2013

APPLICATION FOR CLEARANCE TO OPERATE FOOD ESTABLISHMENT

[ ] Initial Application
[ ] Locator
[ ] Renewal
[ ] Service Contractor

Name of Company/Establishment: _____

Address: _____ Tel: _____

Business Hours: _____

Name of Owner: _____
Will you be using a kitchen outside the SBF? [ ] YES [ ] NO
If yes, write complete address of kitchen: _____

If kitchen outside SBFZ will be utilized, "Sanitary Permit" from Local Health Office must be submitted.

Specify make/model and plate number/s of vehicle/s to be used for transporting food into the SBFZ: _____

How many persons are you expecting to serve? _____

How many employees will you hire? _____

Write complete names and positions of all employees (use additional sheet if necessary):

NAME	POSITION	NAME	POSITION
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

How many years of experience in this type of business do you have?
[ ] 0 [ ] 1-2 years [ ] 3-5 years [ ] >5 years

What is your knowledge of PD 856 or the Code on Sanitation of the Philippines?
[ ] never heard of it
[ ] has heard of it but does not know any provision
[ ] knows some provisions
[ ] knows it well

I hereby certify to the accuracy and completeness of the foregoing information:

Name of applicant: _____ Signature: _____

Do not write below this line.

Date of Application: _____ Schedule of Inspection: _____
OR # _____ Amt Pd: _____ OHSD Personnel: _____