

# Food Handlers Application for Registration

## APPLICATION DETAILS

SITE NO \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

CONTACT NAME OF PERSON IN  
CHARGE DURING AG-QUIP \_\_\_\_\_

CONTACT TELEPHONE NO \_\_\_\_\_

## FOOD TO BE SUPPLIED *(please give a brief description of your proposal)*

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SOURCE / SUPPLIER OF FOOD \_\_\_\_\_

ADDRESS \_\_\_\_\_

METHOD OF FOOD STORAGE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_