#### THE UNITED REPUBLIC OF TANZANIA

## MINISTRY OF HEALTH AND SOCIAL WELFARE



## TANZANIA FOOD AND DRUGS AUTHORITY

# APPLICATION FOR LICENSE

Section 20 (1) of the Tanzania Food, Drugs and Cosmetics Act, 2003

Director General,
Tanzania Food and Drugs Authority,
P. O. Box 77150,
Dar es salaam

## PART I:

I / We hereby apply for renewal/following:							
1. Name of applicant							
2. Postal address							
3. Full name(s) of Partner(s) and Directors(s)							
				· • • •			
				. <b></b>			
4. Premises situated at/lying bet	ween Plot /Vessel/ Truck	No					
Street/V	/illage/Ward	Di	strict/Municipality/Ci	ty			
5. Premises registered for the bus	siness of			•••			
6. Premises Registration No	of (ye	ear)		· • •			
7 Existing License No.	Dated	Evn	iring on				

#### PART II: APPLICABLE FOR MANUFACTURERS ONLY

#### PRODUCT REGISTRATION STATUS

I wish to manufacture the following item whose registration status is shown below:

S/N	Common/ Generic Name	Trade Name	Registration No.	For official use only

# Use additional sheets of paper if space provided is insufficient.

## PART III: 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 above mentioned Act and Regulations made there under.
- 2. I/we have not been convicted at any offence relating to any provision of the Tanzania Food, Drugs and Cosmetics Act, 2003 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately proceeding 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.							
Signature of <b>Applicant and stamp</b>							
CIAL USE ONLY							
Receipt Noof							
Management meeting No							
Signature of Director General and stamp							