



No. DG/KPFSHFA/ _____ Date _____
Date: _____



**APPLICATION FORM FOR THE GRANT OF LICENSE UNDER THE
KHYBER PAKHTUNKHWA FOOD SAFETY & HALAL FOOD
AUTHORITY ACT, 2014**

To

The Director General,
KP Food Safety & Halal Food Authority,

Fee Paid Rs: _____ Challan Form No: _____ Dated: _____
Bank Name: United Bank Limited Branch Code: _____
Account Title: KP Food Safety & Halal Food Authority - License
MCA No: 250333185
(Please enclose original fee deposit receipt)

Part-I

I/we hereby apply for the license as per subject noted above pursuant to the provisions of section 15, of the Khyber Pakhtunkhwa Food Safety & Halal Food Authority Act, 2014, for carrying on business of _____

درخواست دہندہ کا نام

Name of Applicant _____

گھر کا پتہ

Residential Address: _____

فون نمبر

Landline No. _____

موبائل نمبر

Cell No. _____

والد یا شوہر کا نام

Father/Husband Name: _____

شناختی کارڈ نمبر

CNIC No. _____

فیکس

Fax: _____

ای میل

Email: _____

کاروبار کا نام

Business Name: _____

کاروبار شروع کرنے کی تاریخ

Business Starting Date: _____

کاروبار کا پتہ

Business Address: _____

مکمل رقبہ

Total Area (In Sq. ft) _____

استعمال شدہ رقبہ

Covered Area (In Sq.Ft) _____

جگہ کی نوعیت (کرایہ دار ذاتی ملکیت)

Land Status (own Land/on rent) _____

کام کرنے والوں کی تعداد

Number of Food Handlers _____

ٹاؤن کا نام

Town Name _____

پرانہ لائسنس نمبر

Previous License No. _____

معینہ مدت

Valid From _____ To _____

A. s

(In case of distributor, whole seller, warehouse and manufacturer)

- Attach complete list with form.

B. Details of stores to whom products are sold/Purchased

(In case of Whole sale, distributors, warehouses, manufacturing units, shops)

Sr.No	Name & Address of Stores	Contact No.

- Attach complete list with form.

C. Details of suppliers from where products are being purchased

(All business types)

Sr.No.	Brand Name	Category of Product	Product Name	Product Registration No. (if Any)	Ingredients

- Attach complete list with form.

D. Sources of Ingredients

(Only for manufacturer)

Sr.No.	Name & Address of Manufacturing Firm	Name & Address of Supplying Firm	Detail of Ingredients	Suppling firm's License No.	Imported/Local

- Attach complete list with form.

E. Details of Water Purification Plant

(Water plants only)

Water Source(underground/wasa)	
Type of plant (reverse osmosis, ultra, violet, ultra-filtration)	
Manufacturer/Dealer of water purification plant	
License No. of Manufacturer/Dealer of water Purification plant	
Plant capacity Ltr/hr	
Bottle sterilization (Yes/No)	
Method	
Purification dealer of bottles	
Sample code	

- Attach complete list with form.

F. Details of Dairy Shops

(In case of Dairy Business only)

Supplier Name	Address	CNIC No	Contact No.	Area	Vehicle No.	Quantity Ltrs

- Attach complete list with form.

G. Details of poultry/meat/fish Shops

(In case of Poultry Business only)

Supplier Name	Address	CNIC No	Contact No.	Area	Quantity Nos./ Kg

- Attach complete list with form.

Part-III
Required Documents Checklist

- Copy of CNIC
- Two passport size photographs
- Original fee deposit receipt
- Affidavit (Download from www.kpfsa.gov.pk)
- Medical Certificates of the food handlers
- Block diagram/Layout of area showing the actual area so intended to be used

I/we will abide by the rules and regulations and at all times adopt and cause to be maintained in good order and efficient action upon the premises, all such appliances or means as the Khyber Pakhtunkhwa food safety and Halal authority from time to time require for the purpose of minimizing danger to life and property or preventing, abating, or minimizing any nuisance, annoyance or inconvenience to the neighborhood or to the public from the use of which the premises is put. Furthermore, whatever has been declared is true and nothing has been concealed. If there are any changes in future with regard to the information provided in the form, the same shall be immediately reported to the Assistant Director (Licensing), KP food safety & Halal Authority Peshawar.

Thanks.

Signature of Applicant

FOR OFFICE USE ONLY

Category: _____ Sub Category: _____

Application Received by: _____ Date: _____

Assistant Director Food Safety/Food Safety Officer: _____

Name & Signature: _____

Remarks: _____

File Received by Licensing office Directorate General

Name & Signature: _____

Date: _____