



**FOOD PREPARATION  
OUTSIDE THE CITY OF PORT-OF-SPAIN**

**From:** City Medical Officer of Health  
Public Health Department  
Port-of-Spain Corporation  
#35 Frederick Street  
**Port-of-Spain**

**To:** Medical Officer of Health

**Department:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Attention:** **Public Health Inspector**

The Applicant Mr./Ms./Mrs. \_\_\_\_\_ is  
desirous of selling foodstuff viz: \_\_\_\_\_ in  
the City of Port-of-Spain. He/She intends to prepare foodstuff at (Address): \_\_\_\_\_  
\_\_\_\_\_  
which is within your jurisdiction.

**Please advise on the suitability and health status of the premises.**

These premises are suitable ☐ / not suitable ☐ for the preparation of food for public consumption  
and are recommended ☐ / not recommended ☐.

**Comments of Public Health Inspector** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ <b>Stamp of Department</b>	_____ <b>Date</b>	_____ <b>P.H.I. Signature</b>
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**THIS CERTIFICATION IS VALID FOR SIXTY (60) DAYS**

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**DECLARATION**

I \_\_\_\_\_ hereby declare that the premises situated at  
Name (BLOCK LETTERS)

\_\_\_\_\_ is a place where food intended for human consumption is prepared for the purpose of sale.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**ID Card / Passport**