



APPLICATION FORM

SAFETY SEAL CERTIFICATION PROGRAM



FOOD & BEVERAGE
 FINANCIAL INSTITUTIONS
 RETAIL STORE
 WET MARKET
 UTILITY SERVICES
 OTHER PRIVATE ESTABLISHMENT

ESTABLISHMENT DETAILS

Establishment Name: _____
 Business Address: _____
 Contact Number: _____ Operating Hours: _____ : _____
 Email Address: _____

OWNERSHIP INFORMATION

Owner's Name: _____
 Address: _____
 Nationality: _____

SPECIFIC DETAILS

Total Number of Staff: _____ Total Area of Establishment (sq.m.): _____
 Maximum Area Capacity: _____

AUTHORIZED REPRESENTATIVE

Representative's full name: _____
 Designation: _____ Contact number: _____

I certify that the above information is true and correct.

Date: _____ _____
Signature over printed name

For LGU use:

Facilitator: _____
Signature over Printed Name

Remarks: _____