



THE UNIVERSITY OF THE WEST INDIES

MONA, JAMAICA

APPLICATION FOR LICENCE TO VEND SPECIFIED FOOD ITEMS AT SPECIAL EVENTS ON THE UNIVERSITY OF THE WEST INDIES MONA CAMPUS

- A. Attached is an application for a Licence to Specified Food Items **ONLY for Special Events** Mona Campus of the University of the West Indies. The entire form must be completed before submission.
- B. The following is a list of items to be submitted with the application form. (Applications will be considered incomplete and will not be processed without them):
1. Non-refundable application fee of \$7000.00
 2. One (1) recent passport sized photograph certified by a Justice of the Peace, Attorney-at-Law
 3. Two (2) letters of recommendation (Justice of the Peace, Bank or Credit Union Manager, Principal (secondary school), Minister of Religion, Medical Doctor)
 4. Copy of a valid ID (National ID, Passport, Driver's License)
 5. TRN
 6. Food Handler's Permit
 7. List of proposed items for sale
- A. Please note that **SUCCESSFUL** applicants will be required to submit the following prior to the issue of a licence:
1. A Non- Refundable Licence Processing Fee of \$3000
 2. A Current Food Handler's Permit
 3. Licence to Operate a Food-Handling Establishment
 4. Police Certificate for the Operator and Assistants
 5. Registration of Business Name, if applicable
 6. Registration With KSAC, if applicable

Kindly submit application and supporting documents to:
Business Development Office
The University of the West Indies, Mona
12A Ring Road
Tel: (876) 977-6797, 977-6874 Fax: (876) 977-6748

DISCLAIMER: AN APPLICATION TO OPERATE IS NOT A LICENCE TO VEND. THE UNIVERSITY OF THE WEST INDIES, MONA HAS THE RIGHT TO DECLINE ANY OR ALL APPLICATIONS.



THE UNIVERSITY OF THE WEST INDIES
MONA, JAMAICA

LICENCE TO VEND SPECIFIED FOOD ITEMS FOR
SPECIAL EVENTS ON
THE UNIVERSITY OF THE WEST INDIES MONA CAMPUS

Recent Passport Type
Photograph of
Applicant

Please complete form in **BLOCK LETTERS** using a **BLACK** or **BLUE** ink pen

☐ New Application ☐ Renewal Application

1. PERSONAL INFORMATION			
SURNAME	FIRST NAME	MIDDLE NAME	TITLE <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
ALIAS: (also Known as)			
ID TYPE <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENSE	ID NUMBER	ID EXPIRATION DATE (DD/MM/YYYY)	
TRN NUMBER		DATE OF BIRTH (DD/MM/YYYY)	
FOOD HANDLER'S PERMIT #:		FOOD HANDLER'S PERMIT EXPIRATION DATE (DD/MM/YYYY)	

2. CONTACT INFORMATION	
HOME ADDRESS	
HOME TELEPHONE #	MOBILE TELEPHONE #(s)
EMAIL ADDRESS	
NEXT OF KIN NAME: RELATIONSHIP: AGE: ADDRESS: TEL. #(s):	NEXT OF KIN NAME: RELATIONSHIP: AGE: ADDRESS: TEL. #(s):

3. BUSINESS INFORMATION
Application for (Select One): <input type="checkbox"/> Snack & Beverage <input type="checkbox"/> Jerk Chicken <input type="checkbox"/> Soup <input type="checkbox"/> Fruits
BUSINESS NAME (if applicable)
Have you ever been approved for a license to vend on the Mona Campus? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been refused a license to vend on the Mona Campus? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted by a court of law of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give details:

Will you have an assistant(s) in your operation? ☐ Yes ☐ No

If yes, provide the following information on the proposed assistant(s):

Assistant 1 – Name:
TRN number: ID Type: ID #:
Food Handler’s Permit #: Food Handler’s Permit Expiration Date:
Home Address:
Telephone #s: Home: Cell: Photograph:
Assistant 2 – Name:
TRN number: ID Type: ID #:
Food Handler’s Permit #: Food Handler’s Permit Expiration Date:
Home Address:
Telephone #s: Home: Cell: Photograph:

Is your business registered with the Companies Office of Jamaica? ☐ Yes ☐ No

If no, do you plan to register your business with the Companies Office of Jamaica? ☐ Yes ☐ No

I hereby declare that the information provided on this document is completely true and accurate.

APPLICANT’S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Documents Submitted with Application

	<u>Applicant</u>	<u>Assistant 1</u>	<u>Assistant 2</u>
Photograph:	—	—	—
ID:	—	—	—
TRN Card:	—	—	—
Food Handler’s Permit:	—	—	—
2 Recommendations:	—		

Application Approved: Yes ___ No ___

Documents from Successful Applicant:

Food Establishment Licence from KSAHD__

Registration Certificate: Companies Office of Jamaica ___; Other _____

Licence Fee

3