MAJLIS PERBANDARAN PADAWAN
PADAWAN MUNICIPAL COUNCIL

FORM 1L

LICENCE APPLICATION FORM

INSTRUCTIONS:

1. A processing fee of RM50.00 shall be imposed upon registration of the licence application.
2. Please submit all relevant documents required as listed in the relevant checklist for the licence applied.
3. Please complete all particulars in this application form to facilitate licence processing.
4. The Council shall revoke any licence issued in this connection on account of any false information given in this form.
5. Please tick (√) in the relevant boxes.

Registration
Receipt No. :
Date :
Reference No. : LES/A-20____( )
Processed by :

1. Name of Applicant/Nominee (as in Identity Card)/ Company:

2. Residential/Postal Address:

Postcode City/Town

3. I.C. No. (New) ____-____-____ (Old) ____
Passport No.

4. Age: ____ **5. Race:** _____

6. Nationality: Malaysian: ☐ Yes ☐ No
State of origin: _____
Country of origin:
Work Permit No.: _____

7. Sex: Male: ☐ Female: ☐

8. Marital Status Married ☐ Single ☐
Others _____

9. Contact:
Tel. No.: ____ ____
Fax No. ____ ____
Handphone No. ____ ____
Email: _____

10. Name of Spouse (If Applicable)

I.C./Passport:

Tel. No.:

11. Fill in the Type of Licence Applied for (Please refer to Appendix for the relevant type of licence):

12. Proposed Business Name:

13. Proposed Business Site:

Floor: GF 1st 2nd 3rd Others _____ (Please specify)

House/Unit No. Lot No. Block/Section No.

Address:

Postcode:

14. Are you a holder of any licence issued by this Council? Yes No

If **Yes**, state the type of licence _____ Licence No. _____

Declaration:

I hereby declare that the information given in this form is correct and I undertake to notify the Council of any changes in the circumstances.

I understand that it is an offence under the Penal Code (F.M.S. Cap 45) to give false information on this form and that I shall be liable on conviction by a Court to a fine of RM2,000.00 or imprisonment for 6 months or both, and that the Council may revoke any license issued in connection with this application on account of any false information given by me.

Date:

d d m m y y y y

Signature of Applicant

(Company Stamping if Applicable)

Note: Please refer to the relevant checklist for documents that need to be submitted with the application forms as per Appendix D1 - D21 and also the Standard Minimum Siting Requirements (Appendix B) and the health and licensing requirements as per Appendix C1 & C2.

TYPE OF LICENCE

Please tick (√) the relevant box/boxes.

1 ☐ **AGENCY FOR THE CONDUCT OR SALE OF ANY LICNESED LOTTERY** (Ground Floor Only)

2 ☐ **LAUNDRY** (Ground Floor Only)

3 ☐ **BARBERS' AND HAIRDRESSERS' SHOP (Air conditioned)**

- 3a ☐ (1-2 Hairdresser Chairs)
- 3b ☐ (4-8 Hairdresser Chairs)
- 3c ☐ (9-15 Hairdresser Chairs)
- 3d ☐ (16-20 Hairdresser Chairs)
- 3e ☐ (21 and above Hairdresser Chairs)

4 ☐ **BARBERS' AND HAIRDRESSERS' SHOP (Non Air conditioned)**

- 4a ☐ (1-2 Hairdresser Chairs)
- 4b ☐ (4-8 Hairdresser Chairs)
- 4c ☐ (9-15 Hairdresser Chairs)
- 4d ☐ (16-20 Hairdresser Chairs)
- 4e ☐ (21 and above Hairdresser Chairs)

5 ☐ **COFFEE & TEA / FOOD SHOP / BAKERY / FOOD PROCESSING FACTORY** (Ground Floor Only)

Number of Food & Drink Stalls: _____

6 ☐ **FOOD STALL / DRINK STALL / FOOD KIOSK**

7 ☐ **CANTEEN -** (School / Commercial)

8 ☐ **FRUIT / VEGETABLE / DRESSED POULTRY / FROZEN MEAT / FISH /** _____

9 ☐ **BEER**

10 ☐ **ARRACK** (On / Off Premises)

11 ☐ **BUTCHER SHOP / PORK STALL**

12 ☐ **LIQUOR (WHOLESALE / RETAIL)** (ON / OFF PREMISES)

13 ☐ **KAMPUNG SHOP (VILLAGE SHOP) / ISOLATED SHO / SUNDRY / GROCERIES / FOOD STALL / DRINK STALL**

14 ☐ **PETROLEUM (PETROL, DIESEL, LPG)**

TYPE OF LICENCE

ENTERTAINMENT

14 ☐ **AUDITORIUM / HALL**

- 17a ☐ Not exceeding 200 seats
- 17b ☐ Exceeding 200 seats but not 400 seats
- 17c ☐ Exceeding 400 seats but not 600 seats
- 17d ☐ Exceeding 600 seats but not 800 seats
- 17e ☐ Exceeding 800 seats but not 1,000 seats
- 17f ☐ Exceeding 1,000 seats but not 1,200 seats
- 17g ☐ Exceeding 1,200 seats
- 17h ☐ Temporary Licence

15 ☐ **LOBBY / HALL / OPEN PLACE USED FOR EXHIBITION**

- 18a ☐ Floor area exceeding 100 sq. metres
- 18b ☐ Floor area exceeding 100 sq. metres
- 18c ☐ Floor area exceeding 100 sq. metres but not exceeding 150 sq. metres
- 18d ☐ Temporary Licence
- 18e ☐ Number of Stall / Booth: _____
- 18f ☐ Number of Days: _____

16 ☐ **CIRCUS**

Number of Days: _____ Date: _____ to _____

17 ☐ **FUNFAIR**

Number of Days: _____ Date: _____ to _____

18 ☐ **FASHION SHOW BY PROFESSIONAL ARTISTES / BEAUTY CONTEST**

Number of Days: _____ Date: _____ to _____

Number of Artiste & Contestant:

_____

19 ☐ **OTHERS:** _____

MAJLIS PERBANDARAN PADAWAN

APPENDIX D6

DOCUMENTS CHECKLIST FOR APPLICATION OF MISCELLANEOUS LICENCES

6 FOOD STALL / KIOSK LICENCE

No.	Documents Required	Qty	Submitted?
1	Photocopy of Extract of Registration of Business Name from LHDN / District Office **OR** Photocopy of Borang 9 or Borang 24 from Suruhanjaya Syarikat Malaysia (SSM) if Applicant is a Company	1	
2	1 (one) set Letter from LHDN for Business Registration Application / Trade Licence Issuance (KG/PNP/6)	1	
3	Letter of Appointment of Nominee and proof of acceptance of appointment	1	
4	Photocopy of Identification Card (Both Sides) **OR** Copy of Passport (For Non Sarawakians)	1	
5	Photocopy of Work Permit for Related Trades (For Non Sarawakians - Nominee) - If Applicable	1	
6	Latest Coloured Passport Size Photograph	1	
7	Photocopy of Tenancy Agreement OR Original Letter of Consent from the Land Owner / Premises Owner	1	
8	Photocopy of Sale and Purchase Agreement OR Photocopy of Land Title / Temporary Occupation Lease (T.O.L.)	1	
9	Photocopy of Building Occupation Permit (O.P.)	1	
10	Photocopy of Food Handlers Course Certificate	1	
11	Medical Examination Report	1	
12	Sketch Plan Drawn to Scale (minimum A3 size) comprising: i. Locality plan & Site Plan ii. Floor Layout Plan (showing health requirements) iii. Detailed Drawing of Grease Trap Interceptor (food premises only) (Note: Building Plan [Renovation] submission may be required if you had carried out any alteration to the Approved Layout of the Building Plan)	3	

PANDUAN PROGRAM LATIHAN PENGENDALI MAKANAN

BAHAGIAN KESELAMATAN DAN KUALITI MAKANAN

Senarai Sekolah Latihan Pengendali Makanan (SLPM) yang diiktiraf oleh Kementerian Kesihatan Malaysia boleh dirujuk di pautan https://fosim.moh.my/fssm/public/home *(Food Safety Information of System Malaysia)* dan klik pada Akses Awam.

Ruj. Kami: MPP/LES- **Tarikh:**

PEMERIKSAAN PERUBATAN BAGI PENGENDALI MAKANAN
MEDICAL EXAMINATION FOR FOOD HANDLER

Nama: …….. **Tempat Kerja: ……**
No. Kad Pengenalan: …….. **……**
No. Passport: …… **……**

A. Sejarah Perubatan *(Medical History)* (Untuk diisi oleh Penama di atas)

Pernahkah anda menghidap / mengalami:
Have you had any of the following:

BIL. (No.)	SOALAN / *QUESTION*	ADA / *YES*	TIDAK / *NO*
1.	Jangkitan kuman di kulit *(Skin Infection)*		
2.	Penyakit Kulit yang Berulang *(Recurring skin disorder)*		
3.	Jangkitan Kuman melibatkan:		
	3.1 Telinga *(Ears)*		
	3.2 Mata *(Eyes)*		
	3.3 Gusi *(Gum)*		
4.	Cirit-birit dan / atau muntah dalam masa 2 minggu *Diarrhoea and / or vomiting within the last 2 weeks*		
5.	Demam Kepialu *Typhoid or paratyphoid*		
6.	Tuberculosis (T.B.)		

Tandatangan / *Signature:* _____

B. Pemeriksaan oleh Doktor *(Examination by a Doctor)*

BIL. (No.)	PERKARA / *MATTER*	CATATAN / *REMARK*
1.	Kulit *(Skin)*	
2.	Telinga, Mata, Hidung *(Ears, Eyes, Nose)*	
3.	Saluran Pernafasan *(Respiratory Tract)*	
4.	Abdomen *(Abdomen)*	

Description of anti-Typhoid Vaccination:

1. *Jenis vaksin / Type of Vaccine* .....
2. *Nombor batch / siri vaksin - Vaccine Batch / serial number* ……
3. *Tarikh Suntikan vaksin / Date of vaccination: ……expired by:* ……

C. Saya mengesahkan bahawa orang seperti nama di atas **layak / tidak layak** sebagai seorang pengendali makanan.
*I certify that the person named above is **fit / not fit** as a food handler.*

Tandatangan / Signature:

Nama Doktor / Doctor's Name:

Nama Klinik / Name of Clinic: Tarikh / Date:
(Cop / Stamp)

Tarikh:

Kepada: Setiausaha Perbandaran
Majlis Perbandaran Padawan
Kota Padawan, Batu 10
Jalan Penrissen
93250 Kuching

Tuan,

SURAT PERAKUAN

Berhubung Permohonan Lesen Gerai Dan Perniagaan Kebersihan Premis

Saya, tuan punya kedai kopi yang berlesen, beralamat seperti di atas memberi kebenaran kepada para pengendali-pengendali makanan seperti berikut untuk memohon lesen gerai daripada Majlis tuan.

Nama	No. Kad Pengenalan	Jenis Makanan	Alamat Kediaman

2. Saya juga bersetuju untuk mematuhi perkara-perkara seperti di bawah:
   (i) Sentiasa menjaga premis seperti tandas, tempat penyediaan makanan dan sebagainya dalam keadaan bersih; dan

   (ii) Mematuhi kehendak-kehendak seperti yang diarah oleh Majlis dari semasa ke semasa.

Tandatangan Pelesen :

Nama :

No. Kad Pengenalan :

Tarikh :