





**TYPE OF LICENCE**

Please tick (v) 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: \_\_\_\_\_**

DOCUMENTS CHECKLIST FOR APPLICATION OF MISCELLANEOUS LICENCES

5 COFFEE & TEA / FOOD SHOP / BAKERY / FOOD PROCESSING FACTORY

No.	Documents Required	Qty	Submitted?
1	Photocopy of Extract of Registration of Business Name from LHDN / District Office <b>OR</b> 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) <b>OR</b> 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 <b>OR</b> Original Letter of Consent from the Land Owner / Premises Owner	1	
8	Photocopy of Sale and Purchase Agreement <b>OR</b> Photocopy of Land Title / Temporary Occupation Lease (T.O.L.)	1	
9	Photocopy of Building Occupation Permit (O.P.)	1	
10	Photocopy of the Latest Paid Assessment Bill	1	
11	Photocopy of Food Handlers Course Certificate	1	
12	Medical Examination Report	1	
13	Sketch Plan Drawn to Scale (minimum A3 size) comprising: <ul style="list-style-type: none"> <li>i. Locality plan &amp; Site Plan</li> <li>ii. Floor Layout Plan (showing health requirements)</li> <li>iii. Detailed Drawing of Grease Trap Interceptor (food premises only)</li> </ul> (Note: Building Plan [Renovation] submission may be required if you had carried out any alteration to the Approved Layout of the Building Plan)	3	

**MAJLIS PERBANDARAN PADAWAN (M.P.P.)**

**Guidelines Requirements for Tea & Coffee Shop / Food Shop / Bakery /  
Food Processing Factory for Compliance of Licence Application**

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**1. Premise**

- i. Shall be of Commercial or Industrial purposes building.
- ii. Must have **Occupation Permit (O.P.)** issued by the Council (M.P.P.).
- iii. To submit simple A3 size floor plan showing floor layout and health requirements for premises using 1 (one) unit only.
- iv. For premises of **2 (two) or more units**, need to submit architectural floor plans and “FORM B” certified by a Structural Engineer.

**2. Health Requirements**

2.1 Floor

All floor including toilet, kitchen, washroom shall be tiled.

2.2 Wall

Internal wall of serving area, toilet & kitchen shall be tiled to a minimum height of 1.5m (5 feet) from the floor level.

2.3 Toilet

- i. Separate male & female toilet(s).
- ii. To install cisterns of ‘push-button’ type.
- iii. Cleaning facilities shall be provided outside the toilet cubicle;
  - Wash-hand basin
  - Liquid-soap dispenser
  - Tissue paper holder
  - Hand dryer
  - Mirror

#### 2.4 Wash-Hand Basins

To be provided and suitably located for the use of customers and workers, with facilities as in 2.3 (iii) above.

#### 2.5 Food Preparation Area / Food Stalls

- i. Surface shall be tiled or of stainless steel sheets.
- ii. To be provided with sufficient number of **sinks** with waste strainers and final discharged of waste water into a **Grease Trap**.

#### 2.6 Hood and Flue

To be provided over cooking or frying area. Strictly required where heavy cooking is carried out.

#### 2.7 Refuse Disposal

To have sufficient number of approved type refuse bins with cover.

#### 2.8 Food Handling Course

It is **compulsory** for the license applicant and his workers to attend food handling course and having the certificate from accredited institutions **Sekolah Latihan Pengendali Makanan (SLPM)** by the Ministry of Health Malaysia.

#### 2.9 Medical Examination

It is compulsory for the licence applicant (and his workers) to undergo Medical Examination and having Typhoid Vaccination.

#### 2.10 Installation of Grease Traps

This is **compulsory**. Grease trap(s) shall be installed to receive the waste water from the sinkd / waste strainers before final discharge into the perimeter / public drains.

#### 2.11 No Smoking Signage

It is **compulsory** to put “No Smoking” signages in the premises.

## **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)**

Pernakah anda menghidap / mengalami:

*Have you had any of the following:*

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

Tandatangan / Signature: \_\_\_\_\_

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

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

**Description of anti-Typhoid Vaccination:**

- Jenis vaksin / Type of Vaccine .....
- Nombor batch / siri vaksin - Vaccine Batch / serial number .....
- 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:  
(Cop / Stamp)

Tarikh / Date: