

Vendor License Registration Form

Food Stall Operators

1. Operator Information

Full Name *

Date of Birth *

Contact Number *

Email Address *

Residential Address *

2. Food Stall Business Details

Food Stall Name *

Type of Food Sold *

Stall Location/Address *

Operating Days *

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Operating Hours *

e.g., 08:00 AM - 08:00 PM

3. Food Safety Certifications

Certified Food Safety Manager *

Select

Additional Certifications (if any)

e.g., HACCP, ServSafe

Upload Certification Document(s)

Choose File

No file selected

4. Stall Specifications

Stall Size (in square meters) *

Available Utilities *

Electricity

Water

Gas

Kitchen Equipment Used *

List main equipment (e.g., grill, refrigerator, fryer)

5. Agreement & Declaration

I hereby declare that all information provided is true and accurate, and I agree to comply with all food safety and vendor regulations.

Signature *

Type your full name

Date *

Submit Registration