

# 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 \*

### 3. Food Safety Certifications

Certified Food Safety Manager \*

Additional Certifications (if any)

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 \*

### 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 \*

Date \*

Submit Registration