KALULUSHI MUNICIPAL COUNCIL
PUBLIC HEALTH DEPARTMENT

All correspondence to be addressed to the Town Clerk

P O Box 260400
KALULUSHI
Zambia

Tel/fax: **733593/749101**

Our ref:

Your ref:

APPLICATION FOR HEALTH PERMIT

BUSINESS NAME :…….....

ADDRESS/LOCATION:…….

OWNER/OCCUPIER:……..……

TYPE OF BUSINESS:…….……....

PHONE NUMBER:……..……

DATE:……

……..

SIGNATURE OF APPLICANT

……..

HEALTH INSPECTOR

FOR KALULUSHI MUNICIPAL COUNCIL

P.O BOX 260400

KALULUSHI

AUTHORIZED OFFICER'S COMMENT:
Grant/Renewal of Health Permit

Recommended ☐
Not Recommended ☐