SECOND SCHEDULE FORM (Reg.11(2)

APPLICATION FOR DAIRY BUSINESS REGISTRATION

To be filled by all dairy business operators engaged in dairy business. The duly filled form should be returned to the County Executive Committee Member responsible for dairy matters.

Name(s) of Business Operator ……...…ID No…….....

Name of Business (if applicable)…….…….....

Telephone: ……Mobile: ……

Postal Address …….....

Postal Address (if different from Business Address).....

E-mail address: ……..……..

Physical Location: ……..

County ……Sub-County…..……..Ward.....

Township……Street (where applicable)….……

Plot No…….....

Type of ownership: ***(Tick as appropriate)***

□ Corporation □ Partnership □ Individual □ OtherType of operation: *(Tick as appropriate)*

□ Milk Bar □ Milk Dispenser

□ Cottage Industry □ Mini Dairy □ Cooling Plant □ Processor

For Official Use Only:

Entry No: ……

Plot GPS Reference (where applicable) ……..

Approved/Not Approved: …… Reason for Rejection: ……..

Registration Certificate No: ……..

Name of issuing officer; …….. Designation: ……

Official Stamp…… Date: ……