

SAINT LUCIA

MINISTRY OF HEALTH

RECEIPT OF APPLICATION FOR LICENCE

..... 20

.....
Name of Applicant

.....
Address

.....
We acknowledge receipt of your application for licence to operate a
.....and wish to
(type of Business)

inform you that we have approved/disapproved your application.

Please pay into the Environmental Health Branch or Sub Collector's Office
within ten (10) days from date of this notice the sum of.....

.....the receipt must be presented to
the office of the Public Health Department.

SAINT LUCIA PUBLIC HEALTH BOARD