



Rwanda Food and Drugs Authority
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APPLICATION FORM FOR FOOD PREMISE LICENSE

Name of Premise:	Application date : / / DD / MM / YYYY
RDB/ RCA No :	Registration date in Rwanda FDA : / / DD / MM / YYYY
Physical location : (Province, District, Sector, Cell)	GPS coordinates:
Official e-mail:	Official Tel:
Name of Owner :	Position :
Email of Owner	Tel of owner:
Name of resp. technician : (if applicable)	Qualification:
Email of technician: (if applicable)	Tel of resp. technician:

FACILITY TYPE : (Please tick below)	TYPE OF PRODUCTS (Please tick below)	TYPE OF APPLICATIONS (Please tick below)
<input type="checkbox"/> FOOD MANUFACTURER <input type="checkbox"/> LARGE SCALE <input type="checkbox"/> SMALL SCALE & MEDIUM (SME) <input type="checkbox"/> FOOD OUTLET <input type="checkbox"/> WHOLESALE OF FOOD PRODUCTS <input type="checkbox"/> RETAIL OF FOOD PRODUCTS <input type="checkbox"/> RESTAURANT & RELATED <input type="checkbox"/> HOTEL KITCHEN <input type="checkbox"/> BAR & RESTAURANT <input type="checkbox"/> FAST FOOD <input type="checkbox"/> OTHER	<input type="checkbox"/> Cereals products <input type="checkbox"/> Maize flour <input type="checkbox"/> Wheat flour <input type="checkbox"/> Rice <input type="checkbox"/> Alcoholic beverages <input type="checkbox"/> Liquors <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Plant based alc. beverages <input type="checkbox"/> Non-alcoholic beverage <input type="checkbox"/> Drinking water <input type="checkbox"/> Daily products <input type="checkbox"/> Meat products <input type="checkbox"/> Vegetable products <input type="checkbox"/> Other specify	<input type="checkbox"/> Site location approval <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> VARIATION <input type="checkbox"/> Change of ownership <input type="checkbox"/> Change of location <input type="checkbox"/> Change responsible technician <input type="checkbox"/> Additional line <input type="checkbox"/> REINSPECTION

Declaration
I,, certify that the above information is correct and hereby apply for Premise License in Rwanda FDA for the above-named premises.
Signature Date/...../.....

FOR OFFICIAL USE ONLY:

Date Received :/...../.....
Inspection date:
Approved/ Denial: A / D .
Approval date :/...../.....