



Reference No.: _____

APPLICATION FOR SELLING/COOKING PROGRAMME FORM (SCPF)

Name of Programme : _____

Organiser/K/C/D/I : _____

Date of Event : _____

Venue : _____

DETAIL OF BUSINESS :

NO.	TYPE OF SELLING/COOKING	MATERIAL/ EQUIPMENT	RECOMMENDED/ NOT RECOMMENDED	REMARKS

Reason (s) : _____

Prepared by:-

Checked by:-

Approved by:-

Name :

Officer in-charge/Principal

Head,

Contact No. :

Official Stamp

Facilities, Food and Services Department

Date :

Date:

Date: