



# National Food Authority

## APPLICATION FOR LICENSE

**MANUFACTURING /  
PROCESSING**

**ANNEX G**

TO BE FILLED OUT BY NFA			<input type="checkbox"/> CURRENT YEAR <input type="checkbox"/> 2ND YEAR <input type="checkbox"/> 3RD YEAR		
DATE FILED DAY   MONTH   YEAR			CONTROL NO. _____		
PLACE OF FILING: RURBAN CODE			LICENSE PLATE NO. _____		
RURBAN CODE			<input type="checkbox"/> 1 NEW <input type="checkbox"/> 3 ADDITIONAL BUSINESS LINE <input type="checkbox"/> 2 RENEWAL <input type="checkbox"/> 4 ADDITIONAL PLANT		
TIN NO. _____		APPLICANT'S LAST NAME GIVEN NAME MIDDLE NAME		REGISTERED BUSINESS TRADE NAME	
PRINCIPAL PLACE OF BUSINESS (NO. & ST., TOWN/CITY, PROV.)					
PLEASE CHECK(✓) PRODUCTS (S) MANUFACTURED			PLEASE CHECK(✓) PRODUCT (S) PROCESSED		
<input type="checkbox"/> POULTRY/HOG FEEDS <input type="checkbox"/> CORN STARCH <input type="checkbox"/> SNACK FOODS <input type="checkbox"/> NOODLES <input type="checkbox"/> CORN OIL <input type="checkbox"/> IRON RICE PREMIX			<input type="checkbox"/> PUTO <input type="checkbox"/> POP CORN <input type="checkbox"/> POP RICE <input type="checkbox"/> OTHERS		
NATURE OF OWNERSHIP (pls. Check)	<input type="checkbox"/> OWNED	DATE ACQUIRED/LEASED	ACQUISITION COST/LEASE AMOUNT PER YEAR	WORKING CAPITAL	TOTAL CAPITALIZATION
	<input type="checkbox"/> LEASED		₱ _____	₱ _____	₱ _____
PLANT NO.	LOCATION	<input checked="" type="checkbox"/> MAIN OR BRANCH M   B	RURBAN CODE (TO BE FILLED BY NFA)	DAILY PRODUCTION (IN KGS.)	MANNER OF DISTRIBUTION OF FINISHED PRODUCT
1					
2					
3					
4					
PLANT NO.	EQUIPMENT/MACHINERY USED			MACHINERY OPERATION	
	TYPE/BRAND	NO. OF UNITS	CAP./HR.	NO. OF HRS./DAY	NO. OF DAYS/MO.
1					
2					
3					
4					
<input type="checkbox"/> RAW MATERIAL USED & INDICATE AVERAGE % USAGE			INDICATE DAILY QTY. OF MATERIAL USED		
<input type="checkbox"/> RICE <input type="checkbox"/> CORN <input type="checkbox"/> OTHERS (Specify)			RICE	CORN	OTHERS (Specify)
STATE CITY OR MUNICIPALITY AND PROVINCIAL SOURCE OF RICE/CORN			RURBAN CODE (TO BE FILLED BY NFA)		
1					
2					
3					
4					
LICENSE FEE			_____ SIGNATURE OVER PRINTED NAME OF THE APPLICANT / AUTHORIZED REPRESENTATIVE		
O.R. NO.			REMARKS (TO BE FILLED OUT BY NFA)		
O.R. DATE					
DATED DAY   MO.   YR.		PROCESS BY : PROV'L. RLO		PROV'L. MGR./OIC	
DATED DAY   MO.   YR.		REVIEWED BY : REG'L. RLO		DATE APPROVED DAY   MO.   YR.	