

**A Guide to Application
for
Provisional Licences
(Non-restaurant Food Licences)**

Food and Environmental Hygiene Department

PROVISIONAL LICENSING SYSTEM FOR
FOOD FACTORY, FACTORY CANTEEN, SIU MEI AND LO MEI SHOP,
FRESH PROVISION SHOP, COLD STORE, BAKERY,
FROZEN CONFECTION FACTORY AND MILK FACTORY

INTRODUCTION

1. With effect from 13.11.98, the licensing authority may, if such applications are made, issue Provisional Licences in respect of the above types of food business to premises which have met all essential health, ventilation, building and fire services requirements for the issue of provisional licences imposed by all the departments concerned. This enables applicants to commence their business on a provisional basis following certification of compliance of essential requirements, pending the issue of full licences.

APPLICATION AND LICENSING PROCEDURES

2. Application for a provisional licence is entirely optional. If one opts for a provisional licence, he should submit the application at the same time as he applies for a full licence. Application for a provisional licence without applying for a full licence will not be considered by the licensing authority.

3. The licensing procedures of application for provisional licences are same as those of application for full licences except that after the issue of the letter of requirements, the applicant is required to report compliance by submission of certifications by authorised persons.

CRITERIA FOR ISSUE

4. The licensing authority will issue a provisional licence if :-

- (a) there is no objection in principle to the application for a full licence.
- (b) the applicant has been issued with a list of essential licensing requirements, i.e. requirements of building & health, fire services and ventilations, for the issue of a provisional licence; and
- (c) upon receipt of the report of compliance with the provisional licensing requirements from the applicant enclosing relevant certifications by professionals in prescribed forms, the licensing authority is satisfied that all essential requirements have been met.

Notes :

- 1. Sample of the “report of compliance” form is at Appendix A.
- 2. Samples of the prescribed forms for certification by professionals are at Appendices B to E.

(Forms required depend on types of licence applied)

5. The following professional persons are recognised by the licensing authority for the purpose of certification for the issue of provisional licences :-

Building & Health Requirements

- (a) authorised persons or registered structural engineers registered under the Buildings Ordinance in respect of health and building safety requirements;

Fire Services Requirements

- (b) fire service installation contractors registered under the Fire Services Ordinance in respect of fire service installations and equipment; and

Ventilation Requirements

- (c) ventilation contractors registered under the Buildings Ordinance in respect of

ventilating systems. A list of the authorised persons and registered structural engineers, fire service installation contractors and ventilation contractors is kept at the respective Licensing Offices for reference.

Validity & Renewal

6. A provisional licence shall be valid for six months. The licensing authority may in exceptional circumstances renew, before it expires, a provisional licence for only a further period not exceeding six months, if it is satisfied that the non-compliance with the outstanding requirements for the issue of a full licence is due to factors beyond the reasonable control of the licensee, his contractors and his agents.

Examples of such circumstances are :-

- (a) the processing of the full licence application being hindered by a cause which is not attributable to the act, default or omission of the licensee, his contractors and his agents; and
- (b) the occurrence of such events as labour strikes, curfews and natural disasters.

7. Applicants who intend to apply for renewal of a provisional licence should submit an application three weeks before the expiry of the licence with evidence to show that the failure to comply with the full licence requirements is due to above-mentioned circumstances.

Transfer

8. A provisional licence is not transferable except with the consent of the licensing authority. The existing policies and guidelines governing the transfer of full licences will apply to application for the transfer of provisional licences.

Licence Fee

9. The licence fee for the issue and renewal of a provisional licence shall be 50% of the fee for a full licence. Nevertheless, if a full licence is issued during the validity period of a provisional licence, refund of part of the fee paid in respect of the provisional licence will be made on a pro-rata basis.

Monitoring

10. Premises issued with a provisional licence will be subject to the same licence conditions, selective inspection system and licence suspension/cancellation policies operating under the existing full licensing system.

11. The licensing staff of the departments concerned will follow up on the letters of requirements for the issue of a full licence in accordance with their normal departmental licensing procedures.

Enquiries

12. Enquiries can be made by telephone, in writing or in person to the following offices:-

Food and Environmental Hygiene Department

Hong Kong and Islands

Assistant Secretary (Other Licences),
Hong Kong and Islands Licensing Office,
8th floor, Lockhart Road Municipal Services Building,
225 Hennessy Road, Wan Chai, Hong Kong
Tel. no.: 2879 5720
Fax: 2507 2964
E-mail address: hkis_lo@fehd.gov.hk

Kowloon

Assistant Secretary (Other Licences),
Kowloon Licensing Office,
4th floor, Pei Ho Street Municipal Services Building,
333 Ki Lung Street, Sham Shui Po, Kowloon
Tel. No.: 2729 1298
Fax: 2789 0107
E-mail address: kln_lo@fehd.gov.hk

New Territories

Assistant Secretary (Other Licences),
New Territories Licensing Office,
4th floor, Tai Po Complex, No.8 Heung Sze Wui Street, Tai Po, New Territories.
Tel. No.: 3183 9225
Fax: 2606 3350
E-mail address: nt_lo@fehd.gov.hk

Restaurant Licensing Resource Centre

Health Inspector (Resource Centre/Provisional Licence)
Restaurant Licensing Resource Centre,
4th floor, Pei Ho Street Municipal Services Building,
333 Ki Lung Street, Sham Shui Po, Kowloon
Tel. No.: 2958 0694
Fax: 2708 9761
E-mail address: enquiries@fehd.gov.hk

Fire Services Department**Hong Kong Regional Office**

M/F, Sheung Wan Fire Station,
2 Western Fire Services Street,
Sheung Wan, Hong Kong
Tel: 2549 8104
Fax: 2559 3461
e-mail: lchfpro2@hkfsd.gov.hk

Kowloon West Sub-Regional Office

6/F, East Wing, Tsim Sha Tsui Fire Station,
333 Canton Road, Tsim Sha Tsui, Kowloon
Tel: 2302 5339
Fax: 2302 5314
e-mail: lckfpro@hkfsd.gov.hk

New Territories Regional Office

Unit 1809-1810, 18/F, Skyline
Tower, 39 Wang Kwong Road,
Kowloon Bay
Tel: 3423 9328
Fax: 2443 1411
e-mail: lctfpro@hkfsd.gov.hk

Kowloon East Sub-Regional Office

Unit 1809-1810, 18/F, Skyline
Tower, 39 Wang Kwong Road,
Kowloon Bay
Tel: 3423 9332
Fax: 2722 5256
e-mail: lckfpro2@hkfsd.gov.hk

Ventilation Division

3/F, Fire Services Department Kwai
Chung Office Building,
No. 86 Hing Shing Road,
Kwai Chung, New Territories
Tel: 2718 7567
Fax: 2382 2495
e-mail: fsvent@hkfsd.gov.hk

Buildings Department

Licensing Unit,
Buildings Department Headquarters, North Tower,
West Kowloon Government Offices,
11 Hoi Ting Road, Yau Ma Tei, Kowloon.
Tel: 2626 1616 (Handled by "1823")
Fax: 3184 7956
e-mail: lu@bd.gov.hk

**REPORT OF COMPLIANCE FOR THE GRANT OF
PROVISIONAL () LICENCE**

To : Assistant Secretary,
Hong Kong & Islands/Kowloon/New Territories* Licensing Office,
Food and Environmental Hygiene Department

Name of applicant/authorized representative*:

(English) _____ (Mr./Ms.*)

(Chinese) _____

Address of premises : _____

Tel. no.: _____ Fax no.: _____

With reference to my application for a Provisional
_____ Licence in respect of the above-mentioned
premises dated _____ (dd/mm/yyyy), I wish to confirm that I have
complied with all licensing requirements contained in your letter referenced
_____ dated _____ (dd/mm/yyyy) and the Director of Fire
Services' letter referenced _____ dated _____
(dd/mm/yyyy) and enclose herewith the following certificates of compliance :

- (a) Certificate of Compliance A (Health Requirements)
- * (b) Certificate of Compliance B (Building Safety Requirements)
- * (c) Certificate of Compliance C (Fire Services Requirements)
- * (d) Certificate of Compliance D (Ventilation Requirements) together with three copies of ventilating system layout plans, drawn as nearly as possible to scale, showing the final layout of the ventilating system installed in the premises
- * (e) Certificate of Compliance UBW-1 (Free of Unauthorized Building Works Requirements)

I understand that all matters covered by the enclosed certificates are subject to verification by the Licensing Authority.

Date (dd/mm/yyyy)

Signature of applicant/
authorized representative*

* Please delete where appropriate.

CERTIFICATE OF COMPLIANCE A
(HEALTH REQUIREMENTS)

I, _____ (_____),
(Surname) (Other names) (Name in Chinese)
holder of Hong Kong Identity Card number _____ (____), being the authorized person/
structural engineer* registered under Section 3 of the Buildings Ordinance (Chapter 123) do hereby
certify and declare as follows :

In respect of the premises known as _____
(Shopsign in English)
(_____), situated at _____
(Shopsign in Chinese) (Address of premises)

and being under application for a Provisional _____ Licence
by _____ (_____),
(Name of applicant in English) (Name of applicant in Chinese)

all health requirements listed as Category A requirements in the Letter of Requirements
addressed to the abovenamed applicant dated _____ (dd/mm/yyyy) have
been fully complied with. I have personally verified such compliance by inspection of the
subject premises on _____. I have read the said Letter of
(Date of inspection) (dd/mm/yyyy)

Requirements and understand the contents thereof. I also understand that all matters covered
by this Certificate will be subject to further verification by the Licensing Authority and that if I
wilfully or negligently give false or misleading information in this Certificate, I shall render
myself to be liable to legal and/or other penalties.

Date (dd/mm/yyyy)

Signature of authorized person/registered
structural engineer*

Registration number : _____

Expiry date of registration : _____ (dd/mm/yyyy)

Registered address : _____

Name of company/partnership firm* : _____

(if authorized person/registered structural engineer* is an
employee/director/partner* of a company/partnership firm*)

Company chop

* Please delete where appropriate.

CERTIFICATE OF COMPLIANCE B
(BUILDING SAFETY REQUIREMENTS)

I, _____ (_____),
 (Surname in English) (Other names in English) (Name in Chinese)

being the Authorised Person/Registered Structural Engineer* registered under section 3 of the Buildings Ordinance (Cap. 123) do hereby certify:

- (1) In respect of the premises known as _____
 (Shop sign in English)
 (_____), and situated at _____
 (Shop sign in Chinese) (Address of premises)

and being under application for a Provisional _____ Licence
 by _____ (_____),
 (Name of applicant in English) (Name of applicant in Chinese)

- all Category B building safety requirements listed in the Letter of Requirements addressed to the abovenamed applicant dated _____ (dd/mm/yyyy)^(Note 1) have been fully complied with. or
- all building safety requirements listed in the Memorandum issued by the Buildings Department (BD)/Independent Checking Unit (ICU)* and copied to the abovenamed applicant dated _____ (dd/mm/yyyy)^(Note 2) (file ref.: _____) have been fully complied with.

I personally inspected the premises on _____ (dd/mm/yyyy) for the
 (Date of inspection)
 purpose of making the certification, and have read the said Letter of Requirements and/or Memorandum issued by the BD/ICU* and understood the contents thereof.

- *(2) That the address of the premises and the description of the minor works in the following submission records are correct for the subject premises and all the minor works items required under the aforesaid building safety requirements have been covered. Copies of the following submission records for the aforesaid minor works items are attached herewith:

- Notice of Commencement of Class I and/or Class II* Minor Works (MW01 and/or MW03*) together with record photos.
- Notice of Commencement of Additional Class I and/or Class II* Minor Works (MW11 and/or MW12*) together with record photos.
- Certificate of Completion of Class I and/or Class II* Minor Works (MW02 and/or MW04*) together with record photos.
- Notice and Certificate of Completion of Class III Minor Works (MW05) together with record photos.
- Submission of Supplementary Documents or Information of Minor Works (MW33).

Note 1: Date of the Letter of Requirements issued by the Food and Environmental Hygiene Department, whichever is the latest, should be stated.

Note 2: Date of the Memorandum issued by the BD/ICU, whichever is the latest, should be stated.

* Please delete where appropriate.

Please tick the appropriate box(es).

I understand that matters covered by this Certificate will be subject to further verification by the Licensing Authority. If I provide information that is false or misleading in a material particular or furnish the Director of Food and Environmental Hygiene, an authorised officer or a public officer with information knowing that it is false or misleading in a material particular in this Certificate, I shall render myself liable to disciplinary action under section 7 of the Buildings Ordinance (Cap. 123) and/or other legal penalties.

Date (dd/mm/yyyy)

Signature and full name[#] of Authorised Person/
Registered Structural Engineer*

Certificate of registration No.[#]: _____

Date of expiry of registration[#]: _____ (dd/mm/yyyy)

Correspondence address: _____

Contact telephone number: _____

Contact fax numbers: _____

Contact email address: _____

Name of company/partnership firm*: _____

(if Authorised Person/Registered Structural Engineer* is an employee/director/partner* of a company/partnership firm*)

Company Chop

In accordance with the registration record.

* Please delete where appropriate.

**Collection of Personal Data in Connection with
Application for Food Business and Other Trade Licences or
Application for Alteration to the Approved Plan of Licensed Premises
(In accordance with the Personal Data (Privacy) Ordinance)**

Statement of Purpose

1. Purposes of Collection

The personal data provided by means of this form will be used by the Food and Environmental Hygiene Department (FEHD) for:

- (a) activities relating to applications for the issue of food business and other trade licences/permits made to the FEHD;
- (b) activities relating to applications for alteration to the approved plan of licensed premises made to the District Environmental Hygiene Office/Licensing Section of the FEHD; and
- (c) facilitating communication among the staff of the FEHD, other government departments and you concerning compliance with the laws and regulations applicable to the food business and other trades.

The provision of personal data by means of this form is voluntary. However, if you do not provide sufficient information, the FEHD may not be able to process your application.

2. Class of Transferees

The personal data which you have provided by means of this form may be disclosed to other government departments, bureaux, organisations or any persons for the purposes mentioned in paragraph 1 above.

3. Access to Personal Data

You have the right of access and correction with respect to the personal data as provided under Personal Data (Privacy) Ordinance. Request for personal data access and correction should be addressed to FEHD. FEHD has the right to charge a reasonable fee for the processing of any data access request.

4. Enquiries

Enquiries concerning the licence application, including the personal data collected by means of this form, should be addressed to the officer in charge of the respective Licensing Offices of the Department:

Hong Kong & Islands

Assistant Secretary, Licensing Office
Hong Kong & Islands Licensing Office,
8/F, Lockhart Road Municipal Services Building,
225 Hennessy Road,
Wanchai, Hong Kong
Tel. No.: 2879 5712

Kowloon

Assistant Secretary, Licensing Office
Kowloon Licensing Office,
4/F, Pei Ho Street Municipal Services Building,
333 Ki Lung Street,
Sham Shui Po, Kowloon
Tel. No.: 2729 1293

New Territories

Assistant Secretary, Licensing Office
New Territories Licensing Office,
4/F, Tai Po Complex, 8 Heung Sze Wui Street,
Tai Po, New Territories
Tel. No.: 3183 9234

CERTIFICATE OF COMPLIANCE C
(FIRE SAFETY REQUIREMENTS)

Part 1

I/We*, (a) _____ (_____) (HKID No.: _____),
 (Surname) (Other Names) (Name in Chinese)

(b) _____ (_____) (HKID No.: _____),
 (Surname) (Other Names) (Name in Chinese)

and (c) _____ (_____) (HKID No.: _____),
 (Surname) (Other Names) (Name in Chinese)

being the fire service installation contractor(s) registered under Regulation 3 of the Fire Service (Installation Contractors) Regulations (Cap. 95A) and I,

_____ (_____) _____,
 (Surname) (Other Names) (Name in Chinese)

holder of Hong Kong Identity Card number _____, being the authorised person/structural engineer* registered under Section 3 of the Buildings Ordinance (Cap. 123), both do hereby certify and declare as follows :

In respect of the premises known as _____
 (Shopsign in English)

(_____) _____, situated at _____
 (Shopsign in Chinese) (Address of Premises)

_____ and being

under application for a Provisional _____ Licence

by _____ (_____) _____,
 (Name of Applicant in English) (Name of Applicant in Chinese)

all fire safety requirements listed as Category C requirements in the Letter of Requirements addressed to the abovenamed applicant by the Director of Fire Services (D of FS) dated _____ (dd/mm/yyyy) have been fully complied with. We

have personally verified such compliance by inspection of the subject premises on _____ (dd/mm/yyyy) and _____ (dd/mm/yyyy) respectively.

(Date of Inspection by Fire
 Service Installation Contractor)

(Date of Inspection by Authorised
 Person/Registered Structural Engineer*)

We have read the said fire safety requirements and understand the contents thereof. We also understand that all matters covered by this Certificate will be subject to further verification by the Licensing Authority and the Fire Services Department (FSD) and that if we wilfully or negligently give false or misleading information in this Certificate, we shall render ourselves liable to legal action and/or other penalties.

- Certificate(s) of Fire Service Installations and Equipment (FS 251) is/are enclosed.
 Fire Service Installation (FSI) Plans (FSI/314A), FSI Plans for Prescribed Commercial Buildings (FSI/314B), FSI Plans for Composite Buildings/Domestic Buildings (FSI/314C) is/are enclosed.

* Please delete where appropriate.

Please tick the appropriate box

SAMPLE

- (a) Signature of the fire service installation contractor or its authorised representative if the fire service installation contractor is a company/partnership firm*:

_____ Company Chop	_____ Signature
_____ Registration Number	_____ (Name and HKID No. of the authorised representative)
_____ Date (dd/mm/yyyy)	

- (b) Signature of the fire service installation contractor or its authorised representative if the fire service installation contractor is a company/partnership firm*:

_____ Company Chop	_____ Signature
_____ Registration Number	_____ (Name and HKID No. of the authorised representative)
_____ Date (dd/mm/yyyy)	

- (c) Signature of the fire service installation contractor or its authorised representative if the fire service installation contractor is a company/partnership firm*:

_____ Company Chop	_____ Signature
_____ Registration Number	_____ (Name and HKID No. of the authorised representative)
_____ Date (dd/mm/yyyy)	

- (d) Signature of authorised person/registered structural engineer or its authorised representative if authorised person/registered structural engineer* is an employee/director/partner* of a company/partnership firm*:

_____ Company Chop	_____ Signature
_____ Date (dd/mm/yyyy)	_____ (Name and HKID No. of the authorised representative)

Registration number: _____ Expiry date of registration : _____
(dd/mm/yyyy)

Registered address : _____

Name of company/partnership firm* : _____

* Please delete where appropriate.

Part 2 - For food business licence application only (to be completed by the applicant)

- I hereby declare that there are no polyurethane (PU) foam filled mattresses and upholstered furniture in the subject premises.

For PU Foam Filled Mattresses and Upholstered Furniture Used in the Subject Premises

- (1) I declare that the PU foam filled mattresses and upholstered furniture (“the said furniture”) used in the subject premises do conform to the standards as stipulated in the fire safety requirements issued to me by D of FS dated _____ (dd/mm/yyyy);
- (2) I warrant that there are relevant invoice(s) and test certificate(s) of the said furniture to prove that the said furniture do conform to the standards as stipulated in the fire safety requirements issued by D of FS;
- (3) If the relevant invoice(s) and test certificate(s) of the said furniture cannot be produced during the FSD’s verification inspection, I shall produce the relevant delivery note(s)[#] of the said furniture to FSD as an interim measure and undertake to produce the relevant invoice(s) and test certificate(s) to FSD for verification within 8 weeks from the date of the verification inspection; and
- (4) I acknowledge that the Licensing Authority shall have the right and absolute discretion to refuse to grant a Provisional Licence to me or cancel the Provisional Licence issued to me at any time if I fail to produce the relevant delivery note(s), invoice(s) or test certificate(s) as and when required.

I understand and acknowledge that the Licensing Authority and FSD shall have the right to investigate and verify any information, delivery note(s), invoice(s) or test certificate(s) provided and produced pursuant to this Certificate of Compliance and that I shall be subject to sanctions including but not limited to the refusal of the grant of a Provisional Licence or immediate cancellation of the Provisional Licence if I provide any information or produce any delivery note(s), invoices(s) and test certificate(s) which may be false or misleading.

Signature of applicant:

	()	
Name of applicant	(Name in Chinese)	Signature/Company Chop
Date (dd/mm/yyyy)		(Certificate of Incorporation No./ HKID No. of the applicant)

- Please tick the appropriate box.
- # The delivery note must contain a list of the concerned PU foam filled mattresses and upholstered furniture with details of types, quantity and colour.



CERTIFICATE OF COMPLIANCE D
(VENTILATION REQUIREMENTS)

I, _____ (_____),
 (Surname) (Other names) (Name in Chinese),
 holder of Hong Kong Identity Card number _____ (____), being the registered
 specialist contractor (ventilation works category) under Section 8A of the Buildings Ordinance
 (Chapter 123) do hereby certify and declare as follows :

In respect of the premises known as _____
 (Shopsign in English)
 (_____), situated at _____
 (Shopsign in Chinese) (Address of premises)

_____ and
 being under application for a Provisional _____ Licence
 by _____ (_____),
 (Name of applicant in English) (Name of applicant in Chinese)

all ventilation requirements listed as Category D requirements in the Letter of Requirements
 addressed to the abovenamed applicant dated _____ have been fully complied with.
 (dd/mm/yyyy)

I have personally inspected the subject premises and verified the compliance of the
 requirements against the ventilating system layout plan (drawing
 no. _____), 3 copies attached,
 on _____. I have read the said Letter of Requirements and
 (Date of inspection) (dd/mm/yyyy)

understand the contents thereof. I also understand that all matters covered by this
 Certificate will be subject to further verification by the Licensing Authority and that if I
 willfully or negligently give false or misleading information in this Certificate, I shall
 render myself to be liable to legal and/or other penalties.

 Date (dd/mm/yyyy) Name in BLOCK letters and authorized signature
 of registered specialist contractor
 (ventilation works category)

Registered address : _____

Name of company/partnership firm* : _____
 (if the ventilation contractor is a company/partnership*)
 Contact telephone no. (Contractor): _____
 Contact telephone no. (Applicant): _____

 Company chop

* Please delete where appropriate.