



APPLICATION FORM FOR COLD STORAGE WAREHOUSE
NMIS LICENSE TO OPERATE (LTO)

- INSTRUCTIONS:**
- 1. Only authorized company representative is allowed to fill-up the application form. Photocopy of the valid ID of the applicant must be attached to this form.
 - 2. The information provided in the application form **MUST** be complete, true and correct.
 - 3. Tick (✓) mark the box that corresponds to the info. Please do not leave any spaces blank, indicate N/A if not applicable. Providing false information statements is punishable by law (RA10536).

1. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrading	2. Type of Cold Storage Warehouse <input type="checkbox"/> Private/In-house facility <input type="checkbox"/> Public/Commercial facility	3. Company Tax Identification Number (TIN) <div></div>	4. NMIS LTO No. <div></div>
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5. Complete Company Name :
Meat Establishment Address:
Telephone no. : Fax no. (including area code) :

6. Name of Applicant (Official Company Representative): Designation:
Address :
Email address : Telephone/Fax no. :

7. Scope of Activity/Services 8.No. of days/month operational 9. No. of shift/day 10. No. of hours/shift
(e.g. Storage of Frozen Meat) 11.Time of Operation Start Finished

12. Product Stored (at the time of application)

	Local	Volume (MT)	Imported	(Volume (MT)
Meat and Meat Products	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
Fruits/Vegetables and products	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
Eggs/Milk and products	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
Fish and Fish Products	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>

	Local	Volume (MT)	Imported	(Volume (MT)
<input type="checkbox"/> Pork	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Beef	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Carabeef	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Chevron	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Crocodile meat	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Horse meat	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Chicken	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Culls	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Duck meat	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Ostrich meat	<input type="checkbox"/>	<div></div>	<input type="checkbox"/>	<div></div>
<input type="checkbox"/> Others (Please specify)	<div></div>	<div></div>	<div></div>	<div></div>

13. Destination/Distribution
Wet Markets
Hotels/ Restaurants/Institutional Client
Cold Storage
Meat Shops
Supermarkets
Depot Centers

14. Storage Capacity	Area (cubic meters)	No. of Units	Capacity (MT)
Chiller	<div></div>	<div></div>	<div></div>
Blast Chiller	<div></div>	<div></div>	<div></div>
Contact Plate Freezer	<div></div>	<div></div>	<div></div>
Holding Freezer	<div></div>	<div></div>	<div></div>
Dry Warehouse	<div></div>	<div></div>	<div></div>

15. Percentage Capacity	Local	%	Imported	%
Meat and Meat Products	<div></div>	<div></div>	<div></div>	<div></div>
Fruits/Vegetables and products	<div></div>	<div></div>	<div></div>	<div></div>
Eggs/Milk and products	<div></div>	<div></div>	<div></div>	<div></div>
Fish and Fish Products	<div></div>	<div></div>	<div></div>	<div></div>

16. Present status of Labeling

Are labeling/packaging materials provided to contract processor?

yes no

Does the label indicate the contract toll processor?

yes no

17. Payment

HACCP Certificate

O.R No.:

Date issued:

Amount:

LTO Certificate

O.R No.:

Date issued:

Amount:

I hereby certify that the above statements are true and correct to the best of my knowledge and documentary requirements submitted are complete and updated. (Please attached photocopy (back-to-back) valid Company I.D)

By signing below, I am authorizing the NMIS to collect, processed and stored our data in accordance with the requirement of Republic Act 10173 (Data Privacy Act of 2012). I am also giving them consent to post to their website the information of our company as specified herewith; Name, Address, Number and Expiration Date of the License to Operate (LTO).

Date Signed:

Name and Signature of applicant

Position/Designation

(This portion is to be filled-out by NMIS Authorized Representative)

Date of Application:

NMIS Authorized Representative
(Signature over printed name)