



**APPLICATION FOR A VETERINARY WHOLESALE DEALERS PREMISES  
LICENCE**

The Chief Executive Officer,  
Veterinary Medicines Directorate,  
P.O.Box 66171-00800, Westlands,  
Nairobi

Telephone: +254743795395

Email: [info@vmd.go.ke](mailto:info@vmd.go.ke)

**1. Applicant's details:**

Applicants name.....Professional Reg. No.....

Business Name: .....Business Reg. No. ....

Email address:.....Cell Phone No.....

ID/Passport/Alien ID No:..... Nationality.....

Premise Name & Address:.....

Premise Location:.....

County:.....Town:.....

Road:.....Building:.....

**2. Supervising Veterinary Surgeon**

Name.....Professional Reg. No.....

Email address:.....Cell Phone No.....

ID/Passport/Alien ID No:.....Nationality.....

**3. Other professionals working in this premise.**

<i>No</i>	<i>Names</i>	<i>Position in the business</i>	<i>Registration/en rollment no.</i>	<i>Qualification and experience</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Date .....Signature of the Applicant .....

Note: all fields are MANDATORY. Attach a copy of previous premise license, if any, a copy of current registration with the professional regulator and the business registration details where applicable. Non-Kenyans to attach current work permit. Incomplete forms will not be processed.