



**Schedule 5 Application for Generation Licence - Self Generators 20 kW and over**

Section A - 1:

1. Name of Applicant: ..... FINE FOODS INC .....  
( ) Individual      () Company      ( ) Partnership

2. Postal Address: ..... P.O. Box 40, ROSEAU .....  
.....  
.....

3. Street Address: ..... JUMMIT, DOMITICA. .....  
.....  
.....

4. Telephone No: ..... 449-3663 ..... (m) ..... Z .....  
Fax No: .....

5. E Mail: .....

6. Address/location where Generator is installed:  
..... KFC/SAW Complex, .....  
..... River Bank, Roseau .....  
.....

Section A - 2

1. Is the generation equipment you own and/or operated/used as your main source of electricity or for stand-by purposes only?

( ) ~~Main Source~~ <sup>Supplementary</sup> ( ) ~~Standby Purposes Only~~

2. Please provide the following information about your generation equipment (attach additional pages if spaces provided below are not sufficient):

- a. Prime Mover n/a g. Output Voltage 415  
b. Date of <sup>Proposed</sup> Installation April 2013 h. Fuel Type n/a  
c. Manufacturer SAMIH i. Est. Cost/ kWh (EC\$) 500,000  
d. Capacity Rating (KVA) 60kVA j. kWh Generated/Mth 10,000  
e. Single or Three Phase 3ph k. Av. Fuel Cons/Mth (gals) -  
f. Frequency (50 or 60 Hz) 50 Hz l. Av. Oper. Hrs./Mth -

3. How/where is the generator housed? Solar Panel on Roof  
Other Components in Building

4. How/where is fuel stored? n/a

5. Vol. of Fuel storage? n/a

6. How is the lubricating oil used in the generator disposed of?  
n/a

7. What kind of emission control device does the installation have?  
n/a

8. What kind of noise control device does the installation have?  
n/a

9. (For businesses) Do you have an environmental management plan?  
\_\_\_\_\_ (If yes), please attach a copy. *n/a.*

10. Is the installation certified by the Government Electrical Inspector?  
(Attach copy of certificate)

*after  
Installation*

I hereby represent that the information contained on this application is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company: *Fine Foods Inc*

**Post/Email or hand-deliver this application to:**  
**Executive Director**  
**INDEPENDENT REGULATORY COMMISSION**  
**42-2 Kennedy Ave.,**  
**Roseau, Commonwealth of Dominica**  
**Tel: 767 440 6634 Fax: 767 440 6635**  
**Email: [admin@ircdominca.org](mailto:admin@ircdominca.org)**  
**[www.ircdominca.org](http://www.ircdominca.org)**