

# Application for Certificate of Registration - Food Premises



## Details of Applicant:

Given names: \_\_\_\_\_

Surname: \_\_\_\_\_

Company name (if relevant): \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ A/H Ph: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

## Details of Contact:

Given names: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ A/H Ph: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

## Details of Premises:

Trading name: \_\_\_\_\_

Physical address: \_\_\_\_\_

Town: \_\_\_\_\_

*Please tick the boxes that best describe your business:*

- |  |  |
|--|--|
| <input type="checkbox"/> Eatinghouse                                     | <input type="checkbox"/> Retail sale of meat                 |
| <input type="checkbox"/> Eatinghouse – catering only                     | <input type="checkbox"/> Retail sale of fish                 |
| <input type="checkbox"/> Eatinghouse – refreshment room                  | <input type="checkbox"/> Offensive trade                     |
| <input type="checkbox"/> Preparing, packing, storing food for sale       | <input type="checkbox"/> Retail sale of fruit and vegetables |
| <input type="checkbox"/> Takeaway Foods                                  |  |
| <input type="checkbox"/> Bakehouse and cake kitchen                      | <input type="checkbox"/> Retail sale of milk and yoghurt     |
| <input type="checkbox"/> Operation of a food vending machine             | <input type="checkbox"/> Grocery                             |
| <input type="checkbox"/> Delicatessen                                    |  |
| <input type="checkbox"/> Retail sale of sandwiches or bakers small goods |  |
| <input type="checkbox"/> Retail sale of ice cream and frozen confections |  |

*Please find attached in your reminder letter a schedule of the Health Fees and Charges for the 2011/12 year. Once an assessment of your premise/application has been undertaken, an invoice for the associated fees will be forwarded to you.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	
Receipt Number: _____	Date Received
Document Number: _____	
Licence Number: _____	

