

Application for Certificate of Registration – Food Premises



Details of Applicant:

Company / Sole Trader / Partnership Name (Legal Entity): _____

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"/> Retail sale of milk and yoghurt |
| <input type="checkbox"/> Bakehouse and cake kitchen | <input type="checkbox"/> Grocery |
| <input type="checkbox"/> Operation of a food vending machine | |
| <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 | |

Applicant's signature: _____ Date: _____



Once an assessment of your premise/application has been undertaken, an invoice for the associated fees will be forwarded to you.

Office Use Only	Date Received
Receipt Number: _____	
Document Number: _____	
Licence Number: _____	

