

<b>Office Use Only:</b>	<b>Flare Ref:</b> <input type="text"/>
New Premises: Y / N	Inspection Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Usage code: <input type="text"/>	Type code: <input type="text"/>
Entered on Flare: <input type="text"/>	

**APPLICATION FOR REGISTRATION OF FOOD PREMISES**

1. Name of food business (trading name):

2. Address of food business (or address at which movable premises are kept):

Postcode:  Telephone no:

3. Type of premises (please tick ALL the boxes that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Farm / Smallholding             | <input type="checkbox"/> Restaurant / Cafe / Snack Bar                |
| <input type="checkbox"/> Food Manufacturing / Processing | <input type="checkbox"/> Staff Restaurant / Canteen / Kitchen         |
| <input type="checkbox"/> Slaughterer                     | <input type="checkbox"/> Catering                                     |
| <input type="checkbox"/> Packer                          | <input type="checkbox"/> Hospital / Residential Home / School         |
| <input type="checkbox"/> Importer                        | <input type="checkbox"/> Hotel / Pub / Guest House                    |
| <input type="checkbox"/> Wholesale Cash & Carry          | <input type="checkbox"/> Private house used for a food business       |
| <input type="checkbox"/> Distribution / Warehousing      | <input type="checkbox"/> Premises used by a number of businesses      |
| <input type="checkbox"/> Retailer                        | <input type="checkbox"/> Movable premises                             |
| <input type="checkbox"/> Market                          | <input type="checkbox"/> Other (please specify): <input type="text"/> |

4. Does your business handle or involve any of the following? (please tick ALL the boxes that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chilled foods                 | <input type="checkbox"/> Bakery                   | <input type="checkbox"/> Takeaway food                                |
| <input type="checkbox"/> Frozen foods                  | <input type="checkbox"/> Sandwiches               | <input type="checkbox"/> Accommodation                                |
| <input type="checkbox"/> Fruit and vegetables          | <input type="checkbox"/> Confectionery            | <input type="checkbox"/> Delivery service                             |
| <input type="checkbox"/> Fish / fish products          | <input type="checkbox"/> Ice cream                | <input type="checkbox"/> Chilled food storage                         |
| <input type="checkbox"/> Fresh / frozen meat           | <input type="checkbox"/> Alcoholic drinks         | <input type="checkbox"/> Bulk storage                                 |
| <input type="checkbox"/> Fresh / frozen poultry        | <input type="checkbox"/> Canning                  | <input type="checkbox"/> Use of a private water supply                |
| <input type="checkbox"/> Meat products of delicatessen | <input type="checkbox"/> Vacuum packing           | <input type="checkbox"/> Other (please specify): <input type="text"/> |
| <input type="checkbox"/> Dairy products                | <input type="checkbox"/> Bottling & other packing | <input type="text"/>  |
| <input type="checkbox"/> Eggs                          | <input type="checkbox"/> Table meals / snacks     | <input type="text"/>  |

5. Are vehicles or ships used for transporting food kept at or used from the premises?  YES  NO

Are vehicles, stalls or ships used for preparing or selling food, kept at or used from the premises?  YES  NO

If YES, how many?  5 or less  6 - 10  11 - 50  more than 50

6. Name(s) of proprietor(s) of food business:

Address of business head office or registered office (if different from address of premises at (1) above):

Postcode:  Telephone no:

7. Name of Manager (if different from proprietor):

8. Is this business?  New  Change of ownership Date you intend to open:  /  / 20

Name of previous proprietor:

9. Is this a seasonal business?  YES  NO

Period during which you intend to be open each year:

10. Number of people engaged in food business:  1 - 10  11 - 50  51 plus

**Note: It is an offence to give false or incomplete information. Please sign the completed form and return to: Mr. M. Harrison, Food Safety Manager, at the address above.**

Signature:  Name (in BLOCK CAPITALS):

Position in company / business:  Date:  /  / 20