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SCHEDULE 4

Regulation 4(4)

FORM OF APPLICATION FOR REGISTRATION OF FOOD PREMISES

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1. Address of premises
(or address at which moveable premises are kept) Post code.....
2. Name of food business Telephone no:
3. Type of premises Please tick ALL the boxes that apply

Farm/smallholding	<input type="checkbox"/>	Staff restaurant/canteen/kitchen	<input type="checkbox"/>
Food/manufacturing/processing	<input type="checkbox"/>	Catering	<input type="checkbox"/>
Slaughterer	<input type="checkbox"/>	Hospital/residential home/school	<input type="checkbox"/>
Packer	<input type="checkbox"/>	Hotel/pub/guest house	<input type="checkbox"/>
Importer	<input type="checkbox"/>	Private house used for a food business	<input type="checkbox"/>
Wholesale/cash and carry	<input type="checkbox"/>	Premises used by a number of businesses	<input type="checkbox"/>
Distribution/warehousing	<input type="checkbox"/>	Moveable premises	<input type="checkbox"/>
Retailer	<input type="checkbox"/>	Other: please give details	
Market	<input type="checkbox"/>		
Restaurant/cafe/snack bar	<input type="checkbox"/>		
4. Does your business handle or involve any of the following? Please tick ALL the boxes that apply

Chilled foods	<input type="checkbox"/>	Alcoholic drinks	<input type="checkbox"/>
Frozen foods	<input type="checkbox"/>	Canning	<input type="checkbox"/>
Fruit and vegetables	<input type="checkbox"/>	Vacuum packing	<input type="checkbox"/>
Fish/fish products	<input type="checkbox"/>	Bottling and other packing	<input type="checkbox"/>
Fresh/frozen meat	<input type="checkbox"/>	Table meals/snacks	<input type="checkbox"/>
Fresh/frozen poultry	<input type="checkbox"/>	Takeaway food	<input type="checkbox"/>
Meat products or delicatessen	<input type="checkbox"/>	Accommodation	<input type="checkbox"/>
Dairy products	<input type="checkbox"/>	Delivery service	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	Chilled food storage	<input type="checkbox"/>
Bakery	<input type="checkbox"/>	Bulk storage	<input type="checkbox"/>
Sandwiches	<input type="checkbox"/>	Use of private water supply	<input type="checkbox"/>
Confectionery	<input type="checkbox"/>	Other: please give details	
Ice cream	<input type="checkbox"/>		
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	Number of vehicles/stalls/ships kept at or used from the premises, and used for preparing, selling or transporting food.
		5 or less <input type="checkbox"/> 6-10 <input type="checkbox"/>
		11-50 <input type="checkbox"/> 51 plus <input type="checkbox"/>
6. Name(s) of proprietor(s) of food business
Address of business head office or registered office
if different from address of premises Post code.....
7. Name of manager if different from proprietor
8. If this is a new business Date you intend to open
9. If this is a seasonal business
Period during which you intend to be open each year
10. Number of people engaged in food business
Count part-timer(s) (25 hrs per week or less) as one-half
0-10 11-50 51 plus (Please tick one box)

It is an offence to give false or incomplete information

The completed form should be sent to:

[.....]
[.....]

Signature
Date
Name
(BLOCK CAPITALS)
Position in company/business.....