

**FOOD PREMISES (REGISTRATION) REGULATION 1991
APPLICATION FORM FOR REGISTRATION OF FOOD PREMISES**

Address of premises:

(Or address at which moveable premises are kept)

Post Code:

Name of food business:

(Trading name)

Telephone Number:

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"/> | | |
| Market | <input type="checkbox"/> | Other: Please give details | |
| Restaurant/café/snack bar | <input type="checkbox"/> | | |

Does your business handle or involve any of the following? Please tick ALL 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"/> | Bottle & 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"/> | | |

Are the vehicles or ships used for transporting food kept at or used from the premises Yes

Are vehicles, stalls or ships used for preparing or selling food, kept at or used from the premises Yes

Number of vehicles stall/ships kept at or used from premises, selling or transporting food 5 or less

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

Address of business head office or registered office:

(If different from address of premises)

Post Code

Name of manager if different from proprietor:

Date of opening:

If this is a seasonal business:

(Period during which you intend to be open each year)

Number of people engaged in food business:

0 - 10

The completed form should be printed off, signed and sent to:

**London Borough of Hackney
Environmental Health
81 Downham Road
London
N1 5TR**

Signature:

Date:

Name:

Position in Company/business: