



Food (Registration of Premises)(Jersey) Order 2001
Schedule 1 (Article 4(1))
Form of Application for Registration of Food Premises



1. **Full Address of Premises** _____
 _____ **Post Code** _____
 (or address at which movable establishment ordinarily kept)

2. **Trading name of food business** _____
Telephone Number _____ **email** _____ **Website** _____

3. **Full name of food business operator** _____
 (Or Limited Company)

4. **Head Office address of food business operator** _____
 _____ **Post Code** _____
Telephone Number _____ **email** _____
 (where different from address of establishment)

5. **Type of food activity** (Please tick **all** the boxes that apply)

Staff Restaurant/Canteen	Hospital/Residential Home/School
Retailer (including farm shop)	Distribution/Warehousing
Restaurant/Café/Snack Bar	Food Manufacturing/Processing
Market/Market Stall	Importer / Exporter
Takeaway	Event / Outdoor Catering
Hotel/Guest House	Public House
Private House used for a Food Business	Mobile / Moveable Establishment
Wholesale/Cash and Carry	Farmer - livestock
Food Broker / Food Supplements	Farmer - arable
Other (Please specify):	

6. **Number of toilets (if applicable):**

	Water Closet	Wash Hand Basin	Urinal
Staff only			
Male			
Female			
Disabled access			
Unisex			

7. **Is this a new business?** YES NO
 If so what date do you intend to open?
 (NB. 28 days notice required)

8. **Is this a seasonal business?** YES NO
 If so what are your dates of operation?
 _____ to _____

9. **Does this business have an Alcohol Licence?** YES? NO? **If so which category(ies)?**

10. **Water supplied to the food business** (Please tick):
 Public (Mains) supply Private supply (e.g. borehole, well) Other

11. **How many staff at each level of Food Safety Training do you have?**
 Basic (Level 1) Foundation (Level 2) Intermediate (Level 3) Advanced (Level 4)

Signature (if completing by hand) _____ **Date** _____
Name (In block capitals) _____ **Job Title** _____
 If completing electronically tick this box in acknowledgement the details provided above are accurate

The completed form must be returned to: Environmental Health, PO Box 228,
Jersey, JE4 9SS or emailed to environmentalhealth@gov.je