APPLICATION FOR A LICENCE UNDER THE FOOD SAFETY (GENERAL FOOD HYGIENE) (BUTCHERS' SHOPS) AMENDMENT REGULATIONS 2000

To be completed by the applicant and returned to (INSERT COUNCIL).

I wish to apply for a licence under the Food Safety (General Food Hygiene) (Butchers' Shops) Amendment Regulations 2000:

(D	ductions Shops) Amendment regulations 2000.	
1.	Name of applicant: insert corporate name, if appropriate)	
2.	Address of premises to be licensed (for moveable premises give address at which the premises are ordinarily kept):	
	Post Code: Telephone no:	
	Vehicle registration no: (for moveable premises, if appropriate)	
3.	Trading/business name of shop, if different from 1 above:	
4.	Name of shop manager:	
5.	Type of premises (please tick as appropriate):	
	Fixed	
6.	The following products are handled and sold on the premises (or, in the case of a mixed business premises, the areas to be covered by the licensing conditions):	

7. [For action only in respect of new premises which have not begun trading] I enclose information on the commercial operations, arrangements for staff hygiene training and details of the HACCP procedures that will operate in the shop, and information on the number of staff to be employed in the shop.
please tick if information enclosed
8. [For completion only in respect of premises operated by a multiple retailer] My company's Home Authority is
Declaration:
9. I confirm that the premises to which this application relates complies with the conditions set out in paragraphs 5(1)(a)-(d) of the above Regulations, and tat all relevant documentation will be made available to the appropriate food authority on request in its determination of this licence application.
The completed form should be sent to:
(INSERT CONTACT NAME & ADDRESS)
Applicant's signature:
Position in business:
Date:
Name:
(Please complete in BLOCK CAPITALS)