



Application for Registration of Food Premises

The EC (Food and Feed Controls) (Guernsey) Ordinance, 2016 (as amended)
The EC (Food and Feed Controls) (Alderney) Ordinance, 2019
The EC (Food and Feed Controls) (Sark) Ordinance, 2019

1. Name of Business:			
2. Address of Business:			
		Post Code	
Phone Number		Mobile Phone Number	
Email Address:			
3. Type of premises: Please tick all that apply			
Farm / Smallholding	<input type="checkbox"/>	Canteen / Kitchen / School	<input type="checkbox"/>
Food Manufacturing/ Processing / Packing	<input type="checkbox"/>	Catering	<input type="checkbox"/>
Slaughter	<input type="checkbox"/>	Hospital / Residential Home / Nursing / Hospice	<input type="checkbox"/>
Importer	<input type="checkbox"/>	Hotel / Guest House	<input type="checkbox"/>
Wholesale/ Cash and Carry	<input type="checkbox"/>	Fishing Vessel / Shellfish	<input type="checkbox"/>
Distribution / Warehousing	<input type="checkbox"/>	Private Home used as a food business	<input type="checkbox"/>
Retailer	<input type="checkbox"/>	Premises used by a number of businesses	<input type="checkbox"/>
Restaurant / Café / Snack Bar / Public House	<input type="checkbox"/>	Mobile Premises	<input type="checkbox"/>
Other: please specify			
4. Does your business handle or involve any of the following? Please tick all that apply:			
Chilled Foods	<input type="checkbox"/>	Vacuum Packing	<input type="checkbox"/>
Meat / Fish	<input type="checkbox"/>	Delivery Service	<input type="checkbox"/>
Dairy Products	<input type="checkbox"/>	Bottling	<input type="checkbox"/>
Bakery Products	<input type="checkbox"/>	Use of a well or borehole for your water supply	<input type="checkbox"/>
Other: please specify			
5. Please give a brief description of your business, if not described above:			
6. Name(s) of proprietor(s) of Food Business			
7. Address of business head office or registered office			
8. If this is a new business, please indicate when you intend to open			
9. If this is a seasonal business, please indicate the period you intend to open each year			
<i>The completed form should be sent to:</i>		It is an offence to give false or incomplete information	
Office of Environmental Health & Pollution Regulation Longue Rue St Martin GY4 6LD Envhealth@gov.gg 01481 711161		Signature	Date
		Name (in capitals)	
		Position in Business	

Registration of Food Premises

Guidance on Completion of the Application

- Question 1 Please include the full trading name.
- Question 2 Give the full address of the premises, including road, number and post code. If you run a stall, have a mobile vehicle or are a mobile trader, please give the address of the premises where the vehicle is parked or food prepared and stored. If you are unsure what address to fill out please contact the office.
- Question 3 Tick ALL boxes that apply to these premises. If in doubt enter description under "other".
- Question 4 Tick ALL boxes that apply to these premises. If in doubt enter description under "other".
- Question 5 Please also provide a brief description of your business. e.g. a shop making sandwiches, e.g. a pub selling drinks only, e.g. a restaurant doing lunch and evening service. If the tick boxes have adequately described your business you do not need to complete this box.
- Question 6 Please give the full name(s) of the proprietor(s) / operator(s) of the food business. Where it is an individual who operates the business please include first names and surnames.
- Question 7 Please give the full address of any business head office or registered office of your company if it is different from the address indicated in question 2.
- Question 8 If you are unsure of the exact date, please give an estimate.
- Question 9 If your business is seasonal enter both the opening and closing dates between which your business will operate.

Please note that it is legal a requirement to register your food business with the Office of Environmental Health and Pollution Regulation and ensure that the information we hold is accurate.

Please ensure that you have signed, dated and completed all questions and part of the form before returning it to the Office of Environmental Health and Pollution Regulation. Please remember that it is your responsibility to ensure that the completed form arrives at the office.

The States of Guernsey will process any personal data that you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed by the States of Guernsey can be found by contacting the office.