

# Application for Registration of Premises

This application is made under the Health (Registration of Premises) Regulations 1966

## Applicant Details

Full name(s) of applicant(s) or company: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address (if different from above) include post code: \_\_\_\_\_

\_\_\_\_\_

Are you the property owner? ☐ Yes ☐ No

## Business Details

Trading name of business: \_\_\_\_\_

\_\_\_\_\_

Physical address of premises to be registered: \_\_\_\_\_

\_\_\_\_\_

Postal address if different from the above: \_\_\_\_\_

\_\_\_\_\_

Daytime contact person and position: \_\_\_\_\_

\_\_\_\_\_

Phone (Business): \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your business described as any of the following (tick one)

☐ Stock and sale yard ☐ Hairdresser ☐ Camping ground ☐ Funeral director

☐ Offensive trade (as listed in the 3rd schedule of the Health Act 1956)

If a camping ground:

Maximum Number of Campers (persons): \_\_\_\_\_

Are you a self-supplier of water?      ☐ Yes      ☐ No

If yes, please provide details of any treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please supply campsite plan

Signature of applicant: \_\_\_\_\_

Dated at (*place*): \_\_\_\_\_

Date: \_\_\_\_\_

☐ I confirm that the above information is true and correct.

**An invoice for the application fee will be forwarded to you in due course**

Once you have completed this form, please save it to your computer for your records, then email or return a copy of the saved document to the Marlborough District Council at the address below