

Pursuant to the Health Act 1956 - Health (Registration of Premises) Regulations 1966

Full Name of Applicant			
Business Trading Name			
Business Address			
			Postcode
Contact Phone (Work)		Contact Phone (Home)	
Email			
Contact Fax	Mobile		
Postal Address for Service if different from above			
Please sign and date and return with the attached invoice and your payment			
Name			
Signature of Applicant			Date

Office Use Only					
CSC Officer		Invoiced Amount		Receipt Number	
Invoice Number		Fee Category		Licence Number	

Environmental Health Officer to complete				
Date Rec'd by EHO		Approval to Issue 2009/10 Licence	Yes	No
EHO Comments (continue on back if necessary)				
EHO Officer				
Signature of EHO			Date	