

Pursuant to the Health Act 1956, Health (Registration of Premises) Regulations 1966, Camping Ground Regulations 1985 and the Food Act 2014

Full Name of Applicant			
Premises Manager			
Business Trading Name			
Physical Address of Business			
Contact Telephone	Work	Home	Mobile
Email			
Contact Fax			
Postal Address for Service if different from above			
			Postcode
Nature of business			
If seasonal operation of business e.g. mobile shop - please state six monthly period the licence is required for			
Please sign and date and return with the attached invoice and your payment			
Name			
Signature of Applicant			Date

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

Environmental Health Officer to complete				
Date Rec'd by EHO		Approval to Issue 2016/2017 Licence	YES	NO
EHO Comments (continue over page if necessary)				
EHO Officer				
Signature of EHO			Date	