

Application to Transfer Registration



Current Registration Details of Premises

Existing type of Business ie. Bakery, Takeaway: _____
Trading name: _____
Physical address: _____
Town: _____
Owner's/Operator's name: _____
Licence Number: _____

New Owner/Operator Details

Applicant names: _____
Surname: _____
Company Name: _____
Postal address: _____
_____ Postcode: _____
Phone No.: _____ Fax No: _____
Mobile No: _____ A/H Ph: _____
Email: _____

Details of Contact:

Given names: _____
Surname: _____
Postal address: _____
_____ Postcode: _____
Daytime Ph: _____ A/H Ph: _____
Fax No: _____ Mobile No.: _____
Email: _____

Premises Details

New trading name: _____

Business Phone No.: _____

Please tick the boxes that best describe your business:

- | | |
|--|--|
| <input type="checkbox"/> Eatinghouse | <input type="checkbox"/> Retail sale of meat |
| <input type="checkbox"/> Eatinghouse – catering only | <input type="checkbox"/> Retail sale of ice cream and frozen confections |
| <input type="checkbox"/> Eatinghouse – refreshment room | <input type="checkbox"/> Retail sale of sandwiches or bakers smallgoods |
| <input type="checkbox"/> Grocery | <input type="checkbox"/> Offensive trade |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Hairdresser |
| <input type="checkbox"/> Bakehouse and cake kitchen | <input type="checkbox"/> Preparing, packing, storing food for sale |
| <input type="checkbox"/> Retail sale of milk and yoghurt | <input type="checkbox"/> Takeaway Foods |
| <input type="checkbox"/> Fruit and/or Vegetables | |
| <input type="checkbox"/> Retail sale of fish | |

Applicant's signature: _____

Date: _____

Office Use Only

Receipt Number: _____

Document Number: _____

Licence Number: _____

Date Received

