

APPENDIX 1

AYR SUNDAY MARKET: APPLICATION FOR FOOD TRADERS

(Please complete in block capitals)

1. Name(s) of proprietor(s) of food business: _____

2. Name of food business(trading name): _____

3. Base Address: _____ Telephone No: _____

4. Type of food business. Please tick all boxes that apply.

Vehicle Stall Trailer

If vehicle, please state registration number (or chassis number, if trailer): _____

Catering Retail Sale

5. Does your business involve any of the following? Please tick all boxes that apply:

	PRE -PACKED	UNPACKED
Chilled foods	<input type="checkbox"/>	<input type="checkbox"/>
Frozen foods	<input type="checkbox"/>	<input type="checkbox"/>
Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Fish/fish product	<input type="checkbox"/>	<input type="checkbox"/>
Fresh/frozen meat	<input type="checkbox"/>	<input type="checkbox"/>
Fresh/frozen poultry	<input type="checkbox"/>	<input type="checkbox"/>
Meat products or delicatessen	<input type="checkbox"/>	<input type="checkbox"/>
Dairy product	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>
Bakery	<input type="checkbox"/>	<input type="checkbox"/>
Sandwiches	<input type="checkbox"/>	<input type="checkbox"/>
Confectionary	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream	<input type="checkbox"/>	<input type="checkbox"/>
Take away food	<input type="checkbox"/>	<input type="checkbox"/>
Bottled goods	<input type="checkbox"/>	<input type="checkbox"/>

Are any of these foods prepared at base address? Yes No

If yes, please give details _____

6. Are you registered as food business with your local authority? Yes No

If yes, please indicate which authority _____

Signature _____

Date _____

Name _____

The completed form should be sent to:
Head of Environmental Health
South Ayrshire Council
Town Buildings
Burns House,
Burns Statue Square,
Ayr, KA7 1UT.

For office use only:

Type of food business: Hi Risk Low Risk

Date of contact with Home Authority (if applicable) _____

Date of Approval _____