



APPLICATION FORM FOR FOOD BUSINESS

This application form must be fully completed with reference to the current edition of the DEH Guidelines for Food Businesses.

PURPOSE OF APPLICATION

New Trade & Business License Change of Business Name
 Renewal of existing T&B License Other *Please state:*

DATE OF APPLICATION:

APPLICANT DETAILS

Name of Applicant:

Name of Business :

Trading Name (if different):

Street Address:

Block:

Parcel:

Name of Business Owner/ Company:

Address of Business Owner/ Company:

Mailing Address:

Telephone #1:

Telephone #2:

Cell no. #1:

Cell No. #2:

Email address:

Website:

TYPE OF FOOD BUSINESS *(tick all boxes which apply)*

Bakery <input type="checkbox"/>	Liquor Store <input type="checkbox"/>	Small Retail Food Sale <input type="checkbox"/>
Boat/Vessel <input type="checkbox"/>	Food Delivery Service <input type="checkbox"/>	Hospital/ Health Centre <input type="checkbox"/>
Bar <input type="checkbox"/>	Mobile Vending Machines <input type="checkbox"/>	Slaughter Facility/ Meat Shop <input type="checkbox"/>
Commercial Kitchen <input type="checkbox"/>	Liquor Package Dealer <input type="checkbox"/>	Supermarket <input type="checkbox"/>
Food Wholesale Warehouse <input type="checkbox"/>	Pharmacy <input type="checkbox"/>	Commercial Food Processing <input type="checkbox"/>
Gymnasium/Sports Facility <input type="checkbox"/>	Restaurant With Bar <input type="checkbox"/>	Water Bottling Plant <input type="checkbox"/>
Hotel <input type="checkbox"/>	Restaurant/Cafe <input type="checkbox"/>	Retirement home <input type="checkbox"/>
Educational Facility <input type="checkbox"/>	Take-out Food Premises <input type="checkbox"/>	Other: <input type="checkbox"/>
Itinerant Food Vendor <input type="checkbox"/>	Gas Service Station <input type="checkbox"/>	
Farm Shop <input type="checkbox"/>	Mobile Food Vehicle <input type="checkbox"/>	

TYPES OF FOOD HANDLED *(tick all boxes which apply)*

Chilled/Frozen foods <input type="checkbox"/>	Sandwiches <input type="checkbox"/>	Bakery products <input type="checkbox"/>
Fruit and Vegetables <input type="checkbox"/>	Pre-wrapped/pre-packed foods <input type="checkbox"/>	Packaging of food products e.g. canning, vacuum packing, bottling <input type="checkbox"/>
Fish/fish products <input type="checkbox"/>	Confectionery <input type="checkbox"/>	Table meals/snacks <input type="checkbox"/>
Fresh/frozen meat <input type="checkbox"/>	Ice cream <input type="checkbox"/>	Cooked or ready-to-eat rice dishes/pasta/cereals <input type="checkbox"/>
Fresh/frozen poultry <input type="checkbox"/>	Alcoholic Drinks <input type="checkbox"/>	Other <i>(please state):</i> <input type="checkbox"/>
Meat products or delicatessen products <input type="checkbox"/>	Cooked/ready-to-eat meats, poultry and/or seafood <input type="checkbox"/>	
Dairy products <input type="checkbox"/>	Cooked/ready-to-eat dairy products <input type="checkbox"/>	
Raw eggs <input type="checkbox"/>	Cooked/ready-to-eat foods containing eggs <input type="checkbox"/>	

PROVIDE A DETAILED DESCRIPTION OF THE FOOD HANDLING PROCESS

(Use extra sheets if necessary)

For Example:

- Washing, preparation, and packing of ready-to-eat salads
- Preparation, cooking, and table service of Caribbean-style cuisine

ARE YOU PREPARING FOOD AT A RESIDENTIAL PREMISES? (Note: the use of a domestic kitchen for a commercial food business is not allowed)

Yes No

If Yes (please state the location within the property to be used):

NUMBER OF FOOD HANDLERS EMPLOYED BY THE BUSINESS?

5 or less 11-20 6-10 21+

Have food handlers been trained on the DEH Basic Food Hygiene Certificate within the last three years?

YES NO If Yes, provide details

SEATING CAPACITY

How many customers can be seated at one time?

None 1-15 16-30 31-50 51+

VEHICLES

Are vehicles or stalls to be used for transporting, preparing or selling food?

Yes No

If Yes (please indicate):

Self-contained vehicle

Trailer

Other Please state:

TRADING HOURS

What are the proposed trading hours of the business?

INFORMATION ABOUT THE OPERATION OF THE FOOD BUSINESS

STRUCTURAL REQUIREMENTS

Provide details of surface finishes for food preparation and storage areas (e.g. ceramic tiles, stainless steel, UPVC plastic)

Walls:

Floors:

Ceilings:

WASHING FACILITIES

What facilities will be provided for the hygienic washing of food & food equipment?

Automatic Dishwasher: Yes No Total number:

Three-Compartment sinks: Yes No Total number:

Food Preparation Sinks: Yes No Total number:

Other sinks: Yes No Total number:

STORAGE FACILITIES

What facilities will be provided for food storage (*where applicable*):

Refrigerated foods: (*Please detail type and number*)

Frozen Foods: (*Please detail type and number*)

Shelf Stable Foods/ Dry Storage:

PERSONAL HYGIENE/ HAND WASHING

What facilities will be provided for the hygienic washing of hands?

Detail location and number of wash hand basins

TOILET FACILITIES

What toilet facilities will you provide for staff/customers?

Male (*include number of WCs/Urinals*):

Female (*include number of WCs*):

Shared (*include number of WCs/ Urinals*):

MECHANICAL VENTILATION (where applicable)Mechanical ventilation not required

Where applicable, provide details of the ventilation (natural/mechanical) for the food business:

Type of Hood (as required by Building Code e.g. Type 1; Type 2)

Size of mechanical ventilation hood:

Capacity of extract fan (CFM):

Area of filters:

Designation of equipment (e.g., extra heavy, heavy, light)

POTABLE WATER SUPPLY

List all types of water supply to be used in the food business:

City Water Desalination plant Other please state:Cistern Well

Is non-potable water used on the premises? If so, provide details:

HOT WATER SUPPLY

Provide details of the hot water supply to be used:

Hot water storage tank On-demand/instantaneous water heater Other (please state): **WASTE WATER DISPOSAL**

How will you dispose of waste water from the food business?

Septic tank On site treatment plant Municipal Sewerage System Other (please state): **SOLID WASTE DISPOSAL**

Provide details of your arrangements for the disposal of solid waste:

Name of garbage collection service provider:

Provide details of your garbage enclosure including dimensions, access, water supply, drainage, overhead restrictions, turning area and angle of approach. (Provide a diagram - use additional sheets where necessary)

LABELLING OF MANUFACTURED PRODUCT *(if applicable)*

*If you are manufacturing a product that requires to be labelled, you must provide a copy of all relevant labelling for approval.
Attach additional sheets as required*

ADDITIONAL INFORMATION

Please provide any additional information you wish to provide regarding your food business.

PROVIDE A PLAN LAYOUT DRAWING OF THE FOOD BUSINESS

Include location of all food equipment, sinks, wash hand basins, water heaters, mechanical ventilation, toilets, etc. (use additional sheets where necessary)

SIGNATURE:

PRINT NAME:

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