

**ANGUS LICENSING BOARD
LICENSING (SCOTLAND) ACT 2005**

**APPLICATION FOR FOOD HYGIENE CERTIFICATE
(under Section 50 of the Act)**

Applicants must apply for Food Hygiene Approval (Section 50 Certificate), if they prepare and sell food on the premises, before making application to the Licensing Board for a premises licence.

If you do not prepare or serve food on the premises, please tick here and complete the sections on applicant and premises details, sign and return this form to the address below.

Applicants should note that the Clerk of the Board **cannot accept** applications for premises licences where these certificates are required, unless the necessary certificates are lodged with the premises licence application form.

Application is hereby made by:

Name

Home address

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to ANGUS COUNCIL for a Section 50 Certificate in relation to Food Hygiene as to suitability of the premises at:

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for which the Grant/Provisional Grant* (*delete as necessary) of a new Premises Licence for extended premises/beer garden extension* (*delete as necessary) is being sought in relation to food hygiene.

Please include the following with this application:

Supply plan of premises and give full information relating to construction, layout, drainage, ventilation, lighting, water supply and provision of sanitary and washing facilities.

Detailed plan of bar servery if applicable.

Completed questionnaire

Enclosed – please tick box

Address.....

.....

Date

Signature.....

(Licensee/Legal Agent)

Contact Name

Tel No

Please return this form to Gillian Kinmond, Angus Council, Communities, Regulatory & Protective Services, County Buildings, Market Street, Forfar DD8 3WE

FOR OFFICIAL USE ONLY

Date of receipt of application.....

Date passed to Officer

Date S50 issued.....

ANGUS COUNCIL

LICENSING (SCOTLAND) ACT, 2005 (SECTION 50)
CERTIFICATE OF SUITABILITY OF PREMISES
FOOD HYGIENE QUESTIONNAIRE

In order to obtain a FOOD HYGIENE CERTIFICATE for Licensing purposes, the following questionnaire must be completed fully.

ONE COPY OF A PLAN OF THE PROPOSALS MUST ACCOMPANY THIS FORM AND ONE COPY OF PLAN OF BAR SERVERY (if applicable)

1.	Are premises New or Reconstructed?	
2.	Name and Address of Premises	
3.	Name and Address of Architect	
4.	Name and Address of Legal Agent	
5.	If premises was not previously a bar, for what was it used?	
6.	<u>Surface finishes</u> Bar Counters and shelving Walls, behind bar counters Flooring behind bar counters Walls and ceiling in kitchen Flooring in kitchen Walls and ceiling in toilets Flooring in toilets Finish of bar tables Finish of bar seating	
7.	<u>DRAINAGE</u> : new or existing system?	
8.	<u>LIGHTING</u> : colour and type of lighting at:- bar counter kitchen and food preparation areas toilets dining areas if applicable Is there additional light available in lounges etc. to aid cleaning	
9.	<u>VENTILATION</u> : Is there mechanical or natural ventilation at Bars Kitchen/food preparation areas Toilets	

Only complete this form if you prepare or serve food on the premises

<p>10. <u>WATER SUPPLY:-</u></p> <p>Is there a piped water supply giving continuous supply of hot and cold water to all sinks and washhand basins?</p>	
<p>11. <u>SANITARY AND WASHING FACILITIES:-</u></p> <p>Is there separate staff toilet accommodation</p> <p>Maximum number of staff</p> <p>Maximum number of Public permitted</p> <p>Are there washhand basins:-</p> <p style="padding-left: 40px;">behind each bar</p> <p style="padding-left: 40px;">in kitchen/food preparation areas</p> <p>Glass and utensil washing facilities consist of:-</p> <p style="padding-left: 40px;">behind bar counters</p> <p style="padding-left: 40px;">in kitchen/food preparation areas</p> <p>Is there a sink provided for the sole purpose of food washing eg vegetable preparation</p> <p>Is there a stand pipe with hot and cold water provided for filling floor buckets</p>	
<p>12. If food catering is to be carried on, to what extent (give brief description)</p>	
<p>13. If there is to be entertainment, give brief description</p>	
<p>14. Please state your method of Refuse Collection and the name of your contractor.</p> <p>Number and type of bins</p>	

Date.....

Signature.....
Licensee or (Legal Agent)

Contact Name

Tel No

Address.....

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This questionnaire must be returned with completed application form for Section 50 Certificates.

Any enquiries in connection with the completion of this form please telephone Gillian Kinmond, Tel no 01307 473341.

Only complete this form if you prepare or serve food on the premises