

LIMAVADY BOROUGH COUNCIL
COMHAIRLE BHUIRG LÉIM AN MHADAIDH

Health and Safety at Work (NI) Order 1978
Offices and Shops Premises Act 1966 (Reg 48)

APPLICATION FORM FOR REGISTRATION OF HEALTH AND SAFETY PREMISES

1. **Name of business:** _____

Telephone Number: _____ **Fax Number:** _____

2. **Address of premises:** _____
(or address at which moveable premises are kept)

_____ **Postcode:** _____

3. **Describe the main activities carried on at your premises:**

No. of employees: _____

4. **Name(s) of proprietor(s) of business:** _____

Address of business head office or registered office: (if different from address of premises)

_____ **Postcode:** _____

Telephone No: _____ **Fax No:** _____

5. **Name of manager:** (if different from proprietor) _____

6. **If this is a new business, date you intend to open:** _____

Signature: _____ **Date:** _____

Name: (in block capitals) _____

Position in company/business: _____

The completed form should be returned to:

Environmental Health Manager, Limavady Borough Council, Environmental Health Department
7 Connell Street, Limavady BT49 OHA, Tel: (028) 777 60302 Fax: (028) 777 67298

F or Office Use Only:

| |
|--|
| Registration date: _____ File reference: _____ |
|--|