

FOR OFFICE USE ONLY
<i>Application No:</i>
POR/

Places of Refreshment (Jersey) Law 1967

Application for an Inspection of a Place of Refreshment

Please ensure you read the notes on the application to assist you in completing all the relevant sections correctly, using BLOCK CAPITALS throughout. Do not enclose payment with this application, you will be invoiced independently by the 'Treasurer of the States'. Please remember to sign and date the Declaration and send the form to the address detailed at the end of the form.

1. Give the full address of the property that is the subject of this application.

	Postcode

2. Give the full name, address and contact details of the proprietor.

Name		
Address		
	Postcode	Tel No.
Email		Mobile

3. Give the full name, address and contact details of the registered manager (if different from above).

Name		
Address		
	Postcode	Tel No.
Email		Mobile

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4. What is the proposed number of occupants using indoor areas?

5. State the total indoor area of floor space for which the licence is being applied (whole building area is not required, only that which relates to the licence).

metres square

6. Give brief details of any existing fire precaution measures in the premises.

Should you need to provide further information for this application, please use the Notes section below.

Notes

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This Application Form must be signed by the Applicant

APPLICANT DECLARATION: I am aware that it is an offence to submit false or misleading information with an application.

As part of the application process, I am aware and agree that information supplied in this application may be disclosed to relevant States Departments, other relevant authorities, made accessible to members of the public and published in the local media or on the States of Jersey website. Confidentiality is maintained under the Data Protection (Jersey) Law 2005.

I hereby apply for a inspection in respect of the premises detailed above. I make the application as or on behalf of, the owner/responsible person of the premises.

Applicant Signature	<input type="text"/>	Date	<input type="text"/>
Full Name	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile	<input type="text"/>

If signing as agent on behalf of a company or other person, state capacity in which signing.

Capacity	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>		

Please send completed applications to:

The Chief Fire Officer
Jersey Fire and Rescue Service
Fire Service Headquarters
Rouge Bouillon
St Helier
Jersey
JE2 3ZA