



Jersey

FOOD (REGISTRATION OF PREMISES) (AMENDMENT) (JERSEY) ORDER 2017

Arrangement

Article

1	Interpretation.....	3
2	Schedule 1 amended	3
3	Schedule 2 amended	3
4	Citation and commencement.....	4

SCHEDULE

	SUBSTITUTED FORM OF APPLICATION FOR REGISTRATION OF FOOD PREMISES	5
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FOOD (REGISTRATION OF PREMISES) (AMENDMENT) (JERSEY) ORDER 2017

Made

7th December 2017

Coming into force

14th December 2017

THE MINISTER FOR THE ENVIRONMENT, in pursuance of Articles 19 and 58 of the Food Safety (Jersey) Law 1966¹, orders as follows –

1 Interpretation

In this Order “principal Order” means the Food (Registration of Premises) (Jersey) Order 2001².

2 Schedule 1 amended

For the form in Schedule 1 to the principal Order, there shall be substituted the form in the Schedule to this Order.

3 Schedule 2 amended

In Schedule 2 to the principal Order –

(a) there shall be deleted –

(i) paragraph (1),

(ii) sub-paragraphs (a) and (b) of paragraph (2),

(iii) paragraphs (4), (6) and (7);

(b) for paragraph (5) there shall be substituted the following paragraph –

“(5) Domestic premises –

(a) where the person is a volunteer preparing food for a voluntary organisation;

(b) where the sale of food is ancillary to the provision of accommodation for not more than 5 persons;

(c) where the supply of food is ancillary to caring for a privately fostered child within the meaning of Part 8 of the Children (Jersey) Law 2002³; or

- (d) where such premises are used for the sale or preparation of honey (wherever collected) or of horticultural or viticultural produce harvested on the premises.”

4 Citation and commencement

This Order may be cited as the Food (Registration of Premises) (Amendment) (Jersey) Order 2017 and shall come into force 7 days after the day it is made.

DEPUTY S.G. LUCE OF ST. MARTIN

Minister for the Environment

SCHEDULE

(Article 2)

**SUBSTITUTED FORM OF APPLICATION FOR REGISTRATION OF
FOOD PREMISES**



Food (Registration of Premises)(Jersey) Order 2001
Schedule 1 (Article 4(1))
Form of Application for Registration of Food Premises



1. Full Address of Premises _____

Post Code _____

(or address at which movable establishment ordinarily kept)

2. Trading name of food business _____
Telephone Number _____ email _____ Website _____

3. Full name of food business operator _____
(Or Limited Company)

4. Head Office address of food business operator _____

Post Code _____

Telephone Number _____ email _____
(where different from address of establishment)

5. Type of food activity (Please tick **all** the boxes that apply)

Staff Restaurant/Canteen	<input type="checkbox"/>	Hospital/Residential Home/School	<input type="checkbox"/>
Retailer (including farm shop)	<input type="checkbox"/>	Distribution/Warehousing	<input type="checkbox"/>
Restaurant/Café/Snack Bar	<input type="checkbox"/>	Food Manufacturing/Processing	<input type="checkbox"/>
Market/Market Stall	<input type="checkbox"/>	Importer / Exporter	<input type="checkbox"/>
Takeaway	<input type="checkbox"/>	Event / Outdoor Catering	<input type="checkbox"/>
Hotel/Guest House	<input type="checkbox"/>	Public House	<input type="checkbox"/>
Private House used for a Food Business	<input type="checkbox"/>	Mobile / Moveable Establishment	<input type="checkbox"/>
Wholesale/Cash and Carry	<input type="checkbox"/>	Farmer - livestock	<input type="checkbox"/>
Food Broker / Food Supplements	<input type="checkbox"/>	Farmer - arable	<input type="checkbox"/>
Other (Please specify):	<input type="checkbox"/>		<input type="checkbox"/>

6. Number of toilets (if applicable):

	Water Closet	Wash Hand Basin	Urinal
Staff only			
Male			
Female			
Disabled access			
Unisex			

7. Is this a new business? YES NO
If so what date do you intend to open?
(NB. 28 days notice required) _____
8. Is this a seasonal business? YES NO
If so what are your dates of operation?
_____ to _____

9. Does this business have an Alcohol Licence? YES? NO? If so which category(ies)? _____
10. Water supplied to the food business (Please tick):
Public (Mains) supply Private supply (e.g. borehole, well) Other
11. How many staff at each level of Food Safety Training do you have?
Basic (Level 1) Foundation (Level 2) Intermediate (Level 3) Advanced (Level 4)

Signature (if completing by hand) _____ **Date** _____

Name (In block capitals) _____ **Job Title** _____

If completing electronically tick this box in acknowledgement the details provided above are accurate

The completed form must be returned to: Environmental Health, Maison le Pape, St Helier, Jersey, JE2 3PU or emailed to environmentalhealth@gov.je

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- ¹ *chapter 20.225*
² *chapter 20.225.11*
³ *chapter 12.200*