

**Healthier Catering Commitment Application Form**

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| Name of business: | |
| Name of applicant (proprietor): | |
| Address of business:  Postcode: | |
| Social Media Tag: | |
| Telephone No:  Mobile no: | Email: |
| Type of premises (fish and chip, chicken takeaway, sandwich shop etc.)  Other please state: | |
| Do you have a written food safety management system (such as a SFBB manual)?  Yes ❑ No ❑ | |
| How many meals a day/week do you serve?  Day Week | |
| How many criteria do you think you comply with (minimum eight to be eligible)? | |
| Type of application:  New ❑ Renewal ❑ | |

Signed: ....………………………………………………………. Date: ………………….

Print name: ....................................................... Job title: …………………………………

If you need any further information or advice regarding the healthier catering commitment, please do not hesitate to contact me.

Please return your completed application form to

[healthycateringcommitment@westminster.gov.uk](mailto:healthycateringcommitment@westminster.gov.uk)