

 **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