



## 2026 Catering Permit Application Form

### Applicant Details

Full Name of Applicant:	
Trading Name:	
Address:	
Telephone:	
Email:	

### Premises Information

Address of Premises:	
Type of Occupation: (i.e., Owner / Leaseholder / Rental / Other)	
On-site Manager (if different):	
Inspection Contact:	

### Nature of Business – please tick

Hotel <input type="checkbox"/>	Guest House <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Cafe <input type="checkbox"/>
Public House <input type="checkbox"/>	Tea Garden <input type="checkbox"/>	Take-Away <input type="checkbox"/>	Retailer <input type="checkbox"/>
Private Caterer <input type="checkbox"/>	Other <input type="checkbox"/>		

### Food types handled – please tick

Chilled <input type="checkbox"/>	Frozen <input type="checkbox"/>	Fish <input type="checkbox"/>	Meat <input type="checkbox"/>
Dairy <input type="checkbox"/>	Bakery <input type="checkbox"/>	Sandwiches <input type="checkbox"/>	Confectionery <input type="checkbox"/>
Alcohol <input type="checkbox"/>	Vacuum Packing <input type="checkbox"/>	Other <input type="checkbox"/>	

### Environmental Health & Registration

Registered with Guernsey Environmental Health:	Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach evidence if yes)
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### Water Supply & Sanitation

Water Source:	Own <input type="checkbox"/> Borehole	Shared <input type="checkbox"/>	Well <input type="checkbox"/>	Catchment <input type="checkbox"/>	Other <input type="checkbox"/>
Treatment Method:		UV Tube Length:		Last Re-noved:	
Sewage Disposal:	Cesspool <input type="checkbox"/>	Septic Tank <input type="checkbox"/>	Biological Unit <input type="checkbox"/>	Other <input type="checkbox"/>	



## Facilities (please provide numbers / dates)

Public Toilets:		Washbasins:	
Staff Toilets:		Washbasins:	
Washbasins in Food Prep:		Bar:	
Seating Capacity	Dining	Bar	Garden
Maximum staff			
Operating from:		Operating to:	

## Insurance & Documentation

Public Liability Insurance attached	
Water test booked (date: _____) / result attached	
Environmental Health registration attached	
Permit fee £75.00 + water test £32 paid	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card <input type="checkbox"/> BACS <input type="checkbox"/>

## Data Protection / Fair Processing Notice

The personal and business data you provide on this form will be processed by the Chief Pleas of Sark (Tourism & Public Health Committee) to administer your Catering Permit. Your information may also be shared with other Committees of the Chief Pleas (such as the Douzaine of Sark) for legitimate purposes including commercial waste collection charges, licensing records, and statistical reporting.

Processing is undertaken under the lawful basis of performing a public task and fulfilling statutory duties. See the Fair Processing Notice for details and rights:  
<https://sarkgov.co.uk/data-protection>

I confirm that I have read and understood the Fair Processing Notice.

## Declaration

I declare that:

1. The information provided is true and complete.
2. I understand a permit may be granted subject to conditions and failure to comply may lead to revocation.
3. I have no outstanding enforcement notices under the Catering (Sark) Law 1988.
4. I consent to an inspection of the premises by the Tourism & Public Health Committee or its agents.

Signed:

Print Name:

Date: