

Health & Safety Registration Form

Name (block capitals) Po			on in bus	iness ——	
Signature Da					
	Owner(s) or person(s) to whom rent is paid				
13.	If no, state the name and address of the				
12.	part of the building(s) (or				
10			□	·`	
11.	Of the total stated in reply to question 10, Any housed in separate building?		 Yes		lo
	Number of females				
10.	Total number of employees Number of males				
10	Total number of employees				
9.	Nature of business/main activities				
8.	Opening times				
7.	E-mail Address				
6.	Telephone Number				
5.	Postal address of the premises				
4.	Head office (if any)				
3.	Trading name				
2.	Name of contact at premises (if different from above)				
1.	Name of Proprietor				

Please return the completed form to:

Environmental Health Department
Fermanagh & Omagh District Council
Townhall, 2 Townhall Street, Enniskillen, Co. Fermanagh, BT74 7BA
The Grange, Mountjoy Road, Omagh BT79 7BL

OR

Telephone: 0300 303 1777 E-mail: eh@fermanaghomagh.com