

Compulsory information needed is marked by *

Other information is voluntary but may support the cognizance of your errand.

Information of the company

*The name of the company or the entrepreneur	*Organization number / personal code number
*Address	*Postal number and county
Responsible person	Telephone
E-mail address	Mobil phone number

Information of the establishment

*The name of the establishment (restaurant name, store name etc.)	Name of the property – <i>Ask landlord if necessary</i> (Mobile business? Use vehicle number)
*Visiting address for the establishment	*Postal number and County
Contact person	Telephone
E-mail address	Mobil phone number

Billing address

I want the bills from Sundsvall Kommun to be sent to the following address :	
<input type="checkbox"/> To my company	<input type="checkbox"/> To my establishment
<input type="checkbox"/> I would like my bills to be sent to another address. Please fill in information below;	
Name	COST center, referents etc.
Address	Postal number and County

***Intended launch/opening**

If all goes as planned, I will start my business the following date (year, month day) -	If my business only shall operate during a limited time only, please fill start and end date here -
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***Description of the establishment** Check the following descriptions and mark the alternatives that best describes the business

<input type="checkbox"/> New business <input type="checkbox"/> New owner <input type="checkbox"/> Blueprint available <input type="checkbox"/> Temporary business, attach layout information	
Variety of business	
<input type="checkbox"/> Restaurant <input type="checkbox"/> Pizzeria <input type="checkbox"/> Fast Food <input type="checkbox"/> Kiosk <input type="checkbox"/> Café/pâtisserie	<input type="checkbox"/> Bakery <input type="checkbox"/> Receiving kitchen <input type="checkbox"/> Catering <input type="checkbox"/> Conveyor <input type="checkbox"/> Mobile operation ex food truck
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Online trade	<input type="checkbox"/> Store providing packaged goods <input type="checkbox"/> Store providing unpackaged goods (fresh vegetables, bread etc.)
<input type="checkbox"/> Other _____	<input type="checkbox"/> More information found on annex

TURN!

Please choose one option only!

Alt 1

Number of portions served on a daily basis
<input type="checkbox"/> 25 000 - 250 000
<input type="checkbox"/> 2 500 - 25 000
<input type="checkbox"/> 250 - 2 500
<input type="checkbox"/> 80 - 250
<input type="checkbox"/> 25 - 80
<input type="checkbox"/> < 25

Alt 2

Number of staff working with food
<input type="checkbox"/> > 30
<input type="checkbox"/> 10 - 30
<input type="checkbox"/> 3 - 10
<input type="checkbox"/> 2 - 3
<input type="checkbox"/> 1 - 2
<input type="checkbox"/> Part-time employed

Information about the business possible health risks – please check the box/boxes most accurate

<input type="checkbox"/> Handle raw meat or fish	<input type="checkbox"/> Handle raw vegetables	<input type="checkbox"/> Boil or grill sausages
<input type="checkbox"/> Using precooked food	<input type="checkbox"/> Holding food hot/cooling	<input type="checkbox"/> Baking
<input type="checkbox"/> Only usage of prepackage goods	<input type="checkbox"/> Soft serve ice cream	<input type="checkbox"/> Usage of own drinking water <i>(Water not from Sundsvall Kommun)</i>
<input type="checkbox"/> Other.....		
<input type="checkbox"/> Care recipient in elderly care or hospitals	<input type="checkbox"/> Children under the age of 5 years	
<input type="checkbox"/> Daily serving food to people with allergies		

I hereby certify the information provided is correct

Date	County
Signature by applicant	Name of applicant

Information

<p>Fees - You will pay a fee for the registration of your food establishment. Information about the fee is available at http://www.sundsvall.se/taxormiljokontoret</p> <p>Questions - Telephone 060-19 11 90 or email miljonamnden@sundsvall.se. We also have information about food at www.sundsvall.se (search for food on the front page)</p>
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Please send the signed document to:

Miljökontoret, 851 85 Sundsvall or to miljonamnden@sundsvall.se

We handle your personal data under the Data Protection Ordinance (EU 2016/679). You are entitled to contact us if you want information about the information we have about you, to request correction, transfer, request that we limit the usage, objection or request deletion of your information. You can do this by contacting us at www.sundsvall.se/personaluppgifter. There you will also find contact information for our Data Protection Officer. If you have any complaints about our processing of your personal data, please contact the supervisory authority "Datainspektionen" - Phone 08-657 61 00. See also www.datainspektionen.se/kontakta-oss