

<b>Name of Establishment / Retail Outlet:</b>			
<b>Retail Manager / Owner:</b>			
<b>Postal Address:</b>			
<b>County:</b>			
<b>Contact responsible for Butcher Counter Management in Store</b>			
<b>Telephone / Mobile Number:</b>	(Landline)		(Mobile)
<b>Email Address:</b>			
Is this retail unit one of multiple retail butchers operating under one corporate head office?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>If Yes to above</b>			
<b>Head Office Name:</b>			
<b>Head Office Contact Person:</b>			
<b>Telephone / Mobile Number:</b>			

**Owner / Manager Declaration (General):**

- I understand that the audit will be conducted by a Bord Bia appointed independent auditor,
- I acknowledge receipt of the Retail Butcher Assurance Scheme (RBAS) Standard (Rev 01) and I believe that I can meet the requirements,
- I am committed to complying with the requirements of the Scheme,
- I understand that the results of the audit will be communicated to the contact in head office listed above (where applicable)

<b>Signed</b> Owner <input type="checkbox"/> Manager <input type="checkbox"/>	X
--	---

<b>Date:</b>	X
--------------	---

Applications will only be processed when accompanied by the appropriate fee.

**Note:** A separate application form must be completed for each retail butcher establishment.