**APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT**

(Regulation (EC) No. 852/2004 on the hygiene of foodstuffs, Article 6(2))

This form should be completed by food business operators in respect of new food business establishments and received by the relevant Food Authority 28 days before commencing food operations.

On the basis of the activities carried out, certain food business establishments are required to be **approved** rather than **registered**. If you are unsure whether any aspect of your food operations would require your establishment to be approved, please contact your local Environmental Health Department for guidance.

1. **Address of establishment ­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or address at which moveable establishment is kept)

\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Trading** **name of food business** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Telephone no.** \_\_\_\_\_\_\_\_\_\_\_\_\_

3. **Full Name of food business operator(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or Limited company where relevant)

4. **Head Office address of food business operator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(where different from address of establishment)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Post code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone no.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **Type of food activity** (Please tick ALL the boxes that apply):

Staff restaurant/canteen/kitchen □ Hospital/residential home/school □

Retailer (including farm shop) □ Distribution/warehousing □

Restaurant/café/snack bar □ Food manufacturing/processing □

Market/ Market stall □ Importer □

Takeaway □ Catering □

Hotel/pub/guest house □ Packer □

Private house used for a food business □ Moveable establishment e.g. ice cream van □

Wholesale/cash and carry □ Primary producer - livestock □

Food Broker □ Primary producer - arable □

Other (please give details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. **If this is a new business, the date you intend to open** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY SIGNIFICANT CHANGE IN ACTIVITIES TO THOSE STATED ABOVE (INCLUDING CLOSURE) TO THE FOOD AUTHORITY AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.**

**Signature of food business operator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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