

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 preparations would require your establishment to be approved, please contact (Insert name of food authority) for guidance.

1. **Address of establishment** _____
 (or address at which moveable establishment is kept) **Post code** _____

2. **Trading name of food business** _____
Telephone no. _____ **Mobile no.** _____

3. **Full Name of food business operator(s)** _____
 (or Limited company name and number where relevant)

4. **Food business operator is a:** Limited Company Sole Trader Partnership
(Select with a ✓ whichever applies)
If Limited Company, full Name: _____ **Company No.** _____

5. **Date of Birth of food business operator** _____ 5. **National Insurance number** _____
(or of person completing the form if Limited Company)

6. **Home address of food business operator** _____
 (or Head office if a company) **Post code** _____

Telephone no. _____ **Mobile no.** _____

E-mail Address _____ **Business opening times** _____

7. **Name of Manager** (if different to food business operator) _____

8. **Type of food activity** (Please tick ONLY 1 BOX see further guidance on reverse of sheet):

- | | | | |
|-------------------------|--------------------------|---------------------------|--------------------------|
| Primary Producer | <input type="checkbox"/> | Hotel /Guest House | <input type="checkbox"/> |
| Manufacture/Packer | <input type="checkbox"/> | Pub/Club | <input type="checkbox"/> |
| Importer/Exporter | <input type="checkbox"/> | Takeaway | <input type="checkbox"/> |
| Distributor/Transporter | <input type="checkbox"/> | Caring Establishment | <input type="checkbox"/> |
| Supermarket/Hypermarket | <input type="checkbox"/> | School/College | <input type="checkbox"/> |
| Smaller Retailers | <input type="checkbox"/> | Mobile Food Unit | <input type="checkbox"/> |
| Retailers Others | <input type="checkbox"/> | Restaurant/Caterer/Other | <input type="checkbox"/> |
| Restaurant/Café/Canteen | <input type="checkbox"/> | Material/Art Man/Supplier | <input type="checkbox"/> |
| Home Caterer | <input type="checkbox"/> | | |

9. **If this is a new business, the date you intend to open** _____ **or date started** _____

10. **Number of people engaged in the food business** _____
(Count part time worker(s) doing 25hrs or less as one-half)

Signature of food business operator _____

Date: _____

Name: _____
 (BLOCK CAPITALS)

Please return completed forms to: Food Safety and Trading Standards Unit,
 London Borough of Southwark, Tooley Street, 3rd Floor, Hub 1, PO Box 64529,
 London SE1P 5LX.
 Tel: 020 7525 2000 Fax: 020 7525 5735

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