

REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

1. Applicant Name

First name _____

Family Name _____

E-mail _____

Main telephone number _____

Other telephone number _____

Inc.country code

Are you:
Please delete as
applicable.

Applying as a business or organisation
including as sole trader
OR
Applying as an individual.

A sole trader is a business owned
by one person without any special
legal structure. Applying as an
individual means you are applying
so you can be employed, or for
some other personal reason such
as following a hobby,

Applicant Business

Is your business
registered in the UK with
Companies House?

YES

NO

Delete as applicable

Is your business
registered outside the
UK?

YES

NO

Delete as applicable

Business Name _____

Vat Number _____ or **NONE**

Legal Status _____

Your position in the
business. _____

Home Country _____

Business Address

Building no. or name _____

Street _____

District _____

City or Town _____

County or administrative
area _____

Postcode _____

Country _____

2. Name of food business
(trading name)

Address of establishment

Is the address the same as in section one?

YES

NO

If no please give details

Building no. or name

Street

District

City or town

County or administrative area

Postcode

Telephone number

Water supply

PUBLIC (Mains supply)

PRIVATE SUPPLY

Delete as applicable

3. Name of food business operator
First name

Family name

Address of food business operator

Building no. or name

Street

District

City or town

County or administrative area

Postcode

Country

Contact details

E-mail

Telephone number

4. Type of Business

Tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Farm Shop | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Food manufacturing | <input type="checkbox"/> Hospital/residential home school |
| <input type="checkbox"/> Packer | <input type="checkbox"/> Hotel/pub/guest house |
| <input type="checkbox"/> Importer | <input type="checkbox"/> Private house used as food business |
| <input type="checkbox"/> Wholesale/cash/carry | <input type="checkbox"/> Moveable establishment eg. Ice Cream Van |
| <input type="checkbox"/> Distribution/warehousing | <input type="checkbox"/> Market stall |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Food broker |
| <input type="checkbox"/> Restaurant/café/snack bar | <input type="checkbox"/> Takeaway |
| <input type="checkbox"/> Market | <input type="checkbox"/> Primary producer – Livestock |
| <input type="checkbox"/> Seasonal Slaughter | <input type="checkbox"/> Primary producer – Arable |
| <input type="checkbox"/> Staff restaurant /canteen/kitchen | <input type="checkbox"/> Childminder |
| | <input type="checkbox"/> Other |

- 5. Are you a :** **Sole Trader** **Partnership** **Limited Company** **Other**
(please delete as applicable)

6. Details of vehicles

Number of vehicles or stalls kept at, or used from the food business establishment and used for the purposes of preparing, selling or transporting food.

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> 5 or less | <input type="checkbox"/> 6-10 |
| <input type="checkbox"/> 11-50 | <input type="checkbox"/> 51 plus |

7. The Business Manager

Is the business manager different from the operator?

- | | | |
|------------|-----------|-----------------------------|
| YES | NO | Please delete as applicable |
|------------|-----------|-----------------------------|

8. Is this a new business?

- | | | |
|------------|-----------|-----------------------------|
| YES | NO | Please delete as applicable |
|------------|-----------|-----------------------------|

Number of people engaged in the business

- | | | |
|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> 0-10 | <input type="checkbox"/> 11-50 | <input type="checkbox"/> 51 + |
|-------------------------------|--------------------------------|-------------------------------|

(count part-time workers (25hrs or less) as one-half

DECLARATION

I am aware of the provisions of the EC Regulation 852/2004 (Food Premises). The details contained in the application form are correct to the best of my knowledge and belief.

Ticking this box indicates that you have read and understood the above declaration.

Signature _____ Name _____ Date _____