

## 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**  
(please delete as applicable)

**Partnership**

**Limited Company**

**Other**

**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.

5 or less

11-50

6-10

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**

0-10

11-50

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 \_\_\_\_\_