



APPLICATION FORM FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

This form should be completed by food business operators in respect of new food business establishments and submitted to the relevant competent 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 Forest Heath District Council for guidance.

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

2. **Name of Food Business** (trading name) **Telephone No**

3. **Full Name of Food Business Operator**

4. **Address of Food Business Operator**
..... **Post Code**

Telephone No **E-Mail**

5. **Type of Food Business** (Please tick ALL the boxes that apply):

- | | | | |
|-------------------------------|--------------------------|--|--------------------------|
| Farm Shop | <input type="checkbox"/> | Staff restaurant/canteen/kitchen | <input type="checkbox"/> |
| Food manufacturing/processing | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Packer | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Importer | <input type="checkbox"/> | Hotel/pub/guest house | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Private house used for a food business | <input type="checkbox"/> |
| Distribution/warehousing | <input type="checkbox"/> | Moveable establishment, eg ice cream van | <input type="checkbox"/> |
| Retailer | <input type="checkbox"/> | Market stall | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Food Broker | <input type="checkbox"/> |
| Market | <input type="checkbox"/> | Takeaway | <input type="checkbox"/> |
| Seasonal Slaughterer | <input type="checkbox"/> | Other (Please give details): | <input type="checkbox"/> |

6. **Type of Business:**

- | | |
|-----------------------------|--------------------------|
| Sole Trader | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Limited Company | <input type="checkbox"/> |
| Other (please give details) | <input type="checkbox"/> |
-
(If Limited Company, please complete 7 below)

7. **Limited Company Name** **Company No**

Registered Office Address
..... **Post Code**

8. **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 6-10 11-50 51 plus

9. **Water Supplied to the Food Business Establishment:** Public (Mains) Supply Private Supply

10. **Full Name of Manager** (if different from operator)

11. **Date you intend to open** (if this is a new business)

12. **Period during which you intend to be open each year** (if this is a seasonal business)

13. **Number of people engaged in food business** (Count part-time worker(s) (25 hours per week or less) as one-half

- 0-10 11-50 51 plus (Please tick one box)

Signature of Food Business Operator

Date

Name (BLOCK CAPITALS)

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGES TO THE ACTIVITIES STATED ABOVE TO FOREST HEATH DISTRICT COUNCIL AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING

Return completed forms to the address at the top of this form.