

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 submitted to 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 the District Council 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 name 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 business (please tick ALL the boxes that apply):

- | | | | | | |
|----------------------------------|--------------------------|----------------------------------|--------------------------|---|--------------------------|
| Staff restaurant/canteen/kitchen | <input type="checkbox"/> | Wholesale/cash and carry | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Retailer (including farm shop) | <input type="checkbox"/> | Food broker | <input type="checkbox"/> | Packer | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> | Moveable establishment i.e icecream van | <input type="checkbox"/> |
| Market/Market stall | <input type="checkbox"/> | Distribution/warehousing | <input type="checkbox"/> | Primary producer – livestock | <input type="checkbox"/> |
| Takeaway | <input type="checkbox"/> | Food manufacturing/processing | <input type="checkbox"/> | Primary producer - arable | <input type="checkbox"/> |
| Hotel/pub/guest house | <input type="checkbox"/> | Importer | <input type="checkbox"/> | Private house used for a food business | <input type="checkbox"/> |

Other (please give details):

6. If this is a new business what date you intend to open:

Signature of food business operator:

Date:

Name (BLOCK CAPITALS):

Please send the completed forms by email to:

EHTS@hambleton.gov.uk

Or by Post to:

Environmental Health

Hambleton District Council

Civic Centre

Stone Cross

Northallerton DL6 2UU

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

HAMBLETON
DISTRICT COUNCIL