



Job No:

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 South Cambridgeshire District Council, tel: 08450 450 063 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
- Food manufacturing/processing
- Packer
- Importer
- Wholesale/cash and carry
- Distribution/warehousing
- Retailer
- Restaurant/café/snack bar
- Market
- Seasonal Slaughterer
- Staff restaurant/canteen/kitchen
- Catering
- Hospital/residential home/school
- Hotel/pub/guest house
- Private house used for a food business
- Moveable establishment e.g. ice cream van
- Market stall
- Food Broker
- Takeaway
- Other (Please give details):

6. Type of Business:

- Sole Trader
- Partnership
- Limited Company
- Other (Please give Details)

(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. **If this is a new business** _____
Date you intend to open

12. **If this is a seasonal business** _____
Period during which you intend to be open each year

13. **Number of people engaged in food business** 0-10 11-50 51 plus (Please tick one box)
Count part-time worker(s) (25 hrs per week or less)
as one-half

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 SOUTH
CAMBRIDGESHIRE DISTRICT COUNCIL
AND SHOULD DO SO WITHIN 28 DAYS OF
THE CHANGE(S) HAPPENING.**

The completed form should be returned to:

**Housing and Environmental Services
South Cambridgeshire District Council
Cambourne Business Park
Cambourne
Cambridge
CB3 6EA**