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 West Oxfordshire District Council 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 West Oxfordshire District Council for guidance.

1. **Address of establishment** _____
(or address at which moveable establishment is kept)
_____**Postcode** _____

2. **Name of food business** _____**Telephone No.**_____
(trading name)

3. **Full Name of food business operator** _____

4. **Address of Food Business Operator** _____

_____**Postcode** _____

Telephone No. _____ **E-Mail**_____

5. **Type of food business** (Please tick ALL the boxes that apply):

Farm Shop	□	Staff restaurant/canteen/kitchen	□	Sole Trader	□
Food manufacturing/processing	□	Catering	□	Partnership	□
Packer	□	Hospital/residential home/school	□	Limited Company	□
Importer	□	Hotel/pub/guest house	□	Other (Please give details)	
Wholesale/cash and carry	□	Private house used for a food business	□	_____	
Distribution/warehousing	□	Moveable establishment e.g. ice cream van	□		
Retailer	□	Market stall	□	_____	
Restaurant/café/snack bar	□	Food Broker	□	*(If Limited Company,*	
Market	□	Takeaway	□	*please complete 7. below)*	
Seasonal Slaughterer	□	Other **(Please give details)**:			

6. **Type of Business:**

_____

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

Registered Office Address _____

_____**Postcode** _____

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_____ ___

Name _____ **Date** _____

(BLOCK CAPITALS)

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

Please return this form to:

Environmental Health, Street Scene,
West Oxfordshire District Council,
Elmfield, New Yatt Road, Witney, Oxfordshire OX28 1PB
Tel: 01993 861343 Fax: 01993 861053