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 received by 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 Hertsmere Borough Council for guidance.

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

   _____Post code _____

2. Trading name of food business _____

   Telephone number _____

3. Full name of food business operator(s) _____
   (or Limited company where relevant)

4. Head Office address of food business operator _____
   (where different from address of establishment)

   _____Post code _____

   Telephone number _____Email _____

5. Type of food activity (please tick ALL boxes that apply)

Staff Restaurant / Canteen / Kitchen		Hospital / Residential Home / School	
Retailer (including farm shop)		Distribution / Warehousing	
Restaurant / Café / Snack bar		Food Manufacturing / Processing	
Market / Market stall		Importer	
Takeaway		Catering	
Hotel / Public House / Guest House		Packer	
Private house used for a food business		Moveable establishment e.g. Ice Cream Van	
Wholesale / Cash and Carry		Primary Producer – Livestock	
Food Broker		Primary Producer – Arable	
Other (please give details):			

6. If this is a new business, the date you intend to open _____

   Signature of food business operator _____

   Name _____Date _____
   (BLOCK CAPITALS)

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

Office use only: jdriveellenchandouts0512
FHRS scope – excluded / included / exempt / sensitive / column 5 / included & private / exempt & private
Main Activity: _____