## 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. Certain food business establishments are required to be **approved** rather than registered. If you are unsure if you require approval please contact Hertsmere Borough Council.

| 1.   | Address of establishment:                                                                                                                                                                                                                                     |                                           |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|      | ·                                                                                                                                                                                                                                                             |                                           |
|      |                                                                                                                                                                                                                                                               | Post code:                                |
| 2.   | Frading name of food business:                                                                                                                                                                                                                                |                                           |
|      | Contact number(s):                                                                                                                                                                                                                                            | Email:                                    |
| 3.   | Full name of food business operator(s)<br>(Or Limited Company where relevant)                                                                                                                                                                                 |                                           |
| 4.   | Home / Head Office / Registered address (please circle as appropriate) of food business operator:<br>(If different from address of establishment)                                                                                                             |                                           |
|      | Post code Contact 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)                                                                                                                                                                                                                                |                                           |
|      | 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                                                                                                                                                                                                                                    |                                           |
|      | Food Broker                                                                                                                                                                                                                                                   | Primary producer - Arable                 |
|      | Please give a brief description of the business activities:                                                                                                                                                                                                   |                                           |
| 6.   | If this is a new business, the date you intend to open:                                                                                                                                                                                                       |                                           |
|      | Signature of food                                                                                                                                                                                                                                             | Print name:                               |
|      |                                                                                                                                                                                                                                                               | (Block Capitals)                          |
|      | Date                                                                                                                                                                                                                                                          |                                           |
|      | AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY SIGNIFICANT CHANGE IN ACTIVITIES<br>TO THE ACTIVITIES STATED ABOVE (INCLUDING CLOSURE) TO HERTSMERE BOROUGH COUNCIL AND SHOULD DO SO WITHIN 28<br>DAYS OF THE CHANGE(S) HAPPENING |                                           |
| Offi | ce use only:                                                                                                                                                                                                                                                  |                                           |

FHRS scope – excluded / included / exempt / sensitive / column 5/ included & private/ exempt & private/ awaiting inspection /awaiting inspection & private Main Activity: