



APPLICATION FORM 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 [insert name of Food Authority] 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 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 activity** (Please tick ALL the boxes that apply):

| | | | |
|----------------------------------|--------------------------|---|--------------------------|
| Staff restaurant/canteen/kitchen | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Retailer (including farm shop) | <input type="checkbox"/> | Distribution/warehousing | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Food manufacturing/processing | <input type="checkbox"/> |
| Market/ Market stall | <input type="checkbox"/> | Importer | <input type="checkbox"/> |
| Takeaway | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Takeaway | <input type="checkbox"/> | Private house used for a food business | <input type="checkbox"/> |
| Hotel/pub/guest house | <input type="checkbox"/> | Moveable establishment eg ice cream van | <input type="checkbox"/> |
| Packer | <input type="checkbox"/> | Primary producer - livestock | <input type="checkbox"/> |

Wholesale/cash and carry Primary producer - arable
Food Broker Other (please give details):

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

Signature of food business operator _____

Date: _____

Name: _____
(BLOCK CAPITALS)

The Completed form should be sent to:
CUSTOMER AND ENVIRONMENTAL SERVICES
MALVERN HILLS DISTRICT COUNCIL
THE COUNCIL HOUSE
AVENUE ROAD
MALVERN
WR14 3AF

**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)
HAPPENING.**