



Application for the Registration of a Food Business Establishment

(Regulation (EC) No 852/2004 on the Hygiene, Foodstuffs, Article 6(2))

Public Protection Division, Environment

Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX

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If you find the text in this form difficult to read we can supply it in a format better suited to your needs

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 [the Food Authority] for guidance.

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

Form for address of establishment with fields for POSTCODE and Telephone No.

2. Name of food business (trading name)

Text input field for trading name

3. Full Name of food business operator

Text input field for full name of operator

4. Address of Food Business Operator

Form for address of food business operator with fields for POSTCODE, Telephone No., and E-mail

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

- List of food business types with checkboxes: 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

- Options for type of business: Sole Trader, Partnership, Limited Company, Other (Please give Details)

If Limited Company, please complete 7 overleaf

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. (Please tick one box)

Count part-time worker(s) (25 hrs per week or less) as one-half 0-10 11-50 51 plus

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 [THE FOOD AUTHORITY] AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

Stratford-on-Avon District Council will use the information you provide on this form for administration of food business registration. The Council will only process this information for the purpose stated above or for a reason related to it. Your information will not be processed for a reason that is inconsistent with the District Council's notification under the Data Protection Act 1998 unless the law allows us to do so.

The Council would like to use the information that you provide to ensure that we are using your correct details for all the services the Council provide. Please tick the box if you do not agree to this.