



Application for the Registration of a Food Business Establishment



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

Public Protection, Technical and Community Services
Stratford-on-Avon District Council,
Elizabeth House, Church Street, Stratford-upon-Avon CV37 6HX

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If you find the text on this form difficult to read we may be able to 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 Public Protection Team at Stratford-on-Avon District Council [the Food Authority] for guidance.

1 Address of establishment (or address at which movable establishment is kept)													
Postcode													
Telephone Number													

2 Name of food business (trading name)													
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3 Full Name of food business operator													
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4 Address of Food Business Operator													
Postcode													
Telephone Number													
Email Address													

5 Type of food business (Please tick ALL the boxes that apply):			
Farm Shop	<input type="checkbox"/>	Staff restaurant / canteen/kitchen	<input type="checkbox"/>
Food manufacturing / processing	<input type="checkbox"/>	Catering	<input type="checkbox"/>
Packer	<input type="checkbox"/>	Hospital / residential home / school	<input type="checkbox"/>
Importer	<input type="checkbox"/>	Hotel / pub / guest house	<input type="checkbox"/>
Wholesale / cash and carry	<input type="checkbox"/>	Private house used for a food business	<input type="checkbox"/>
Distribution / warehousing	<input type="checkbox"/>	Moveable establishment eg ice cream van	<input type="checkbox"/>
Retailer	<input type="checkbox"/>	Market stall	<input type="checkbox"/>
Restaurant / café / snack bar	<input type="checkbox"/>	Food Broker	<input type="checkbox"/>
Market	<input type="checkbox"/>	Takeaway	<input type="checkbox"/>
Seasonal Slaughterer	<input type="checkbox"/>	Other (Please give details below):	<input type="checkbox"/>

6 Type of business			
Sole Trader		Partnership	
Limited Company (Please complete question 7)		Other (Please give details below):	

7 Limited Company Name							
Company Number							
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	
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10 Full Name of manager (if different from operator)							
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11 If this is a new business - date you intend to open			/			/	2	0	
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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									
NAME IN CAPITALS									
Dated (DD/MM/YYYY)			/			/	2	0	

After this form has been submitted, food business operators must notify any changes to the activities stated above to the Public Protection Team at Stratford-on-Avon District Council [the Food Authority] and should do so within 28 days of the change(s) happening.

HOW YOUR INFORMATION IS USED
The way in which your information may be used and shared by the council is set out in the council's Full Privacy Notice / Fair Processing Notice. This is available via our website at <https://stratford.gov.uk/privacystatement>, or you can ask for a copy by writing to the council at Legal Services, Stratford-on-Avon District Council, Elizabeth House, Church Street, Stratford-upon-Avon, CV37 6HX.