



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 submitted to the relevant district council 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 District Council] for guidance.

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

2. **Name of food business** _____ **Telephone no.** _____
(trading name)

3. **Full Name of food business operator** _____

4. **Address of food business operator** _____
Post code _____
Telephone no. _____ **E-mail** _____

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

Farm Shop	Staff restaurant/canteen/kitchen
Food manufacturing/processing	Catering
Packer	Hospital/residential home/school
Importer	Hotel/pub/guest house
Wholesale/cash and carry	Private house used for a food business
Distribution/warehousing	Moveable establishment e.g. ice cream van
Retailer	Market stalls
Restaurant/café/snack bar	Food Broker
Market	Takeaway
Seasonal Slaughterer	Other (Please give details):

6. **Type of Business:**

Sole Trader
Partnership
Limited Company
Other (Please give Details) _____
(If Limited Company, please complete 7. below)

7. Limited company name _____ Company no. _____

Company Secretary _____ Registered Office address _____

_____ Post code _____

Tel No: _____ Fax No: _____ Email: _____

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

Count part-time worker(s) (25 hrs per week or less) as one-half

0-10 11-50 51 plus (Please tick one box)

Signature of food business operator _____

Date _____

Name _____

(BLOCK CAPITALS)

The completed form should be sent to:

Head of Environmental Health
Craigavon Borough Council
Civic Centre
PO Box 66
Lakeview Road
Craigavon BT64 1AL

Tel: 028 38312400

Fax: 028 38312489

E-mail: ehealth@craigavon.gov.uk

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGES TO THE ACTIVITIES STATED ABOVE TO [THE DISTRICT COUNCIL] AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

FOR OFFICE USE ONLY

Date application received: _____ Received by: _____

Registration Date: _____ Registration Reference: _____