

# South Northamptonshire Council

## 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. 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 South Northamptonshire Council 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 1 above) \_\_\_\_\_  
\_\_\_\_\_ **Postcode** \_\_\_\_\_

**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"/> |
| Hotel/pub/guest house                  | <input type="checkbox"/> | Packer                                    | <input type="checkbox"/> |
| Private house used for a food business | <input type="checkbox"/> | Moveable establishment e.g. ice cream van | <input type="checkbox"/> |
| Wholesale/cash and carry               | <input type="checkbox"/> | Primary producer - livestock              | <input type="checkbox"/> |
| Food Broker                            | <input type="checkbox"/> | Primary producer - arable                 | <input type="checkbox"/> |
| 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)

**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.**

*The completed form should be sent to:*

Health Protection Team, Environment Division  
South Northamptonshire Council  
Springfields  
Towcester  
Northants  
NN12 6AE