

**APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT**

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

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 Blaenau Gwent County Borough Council for guidance.

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| 1. **Address of establishment** (or address at which moveable establishment is kept): | | | | | | | | | |
|  | | | | | | | | | |
| **Post code**: |  | | | **Telephone no.** | | |  | | |
| **2**. **Name of food business** (trading name)­­­: | | | | | | | | | |
|  | | | | | | | | | |
| **3. Full Name(s) of food business operator (Owner(s)):** | | | | | | | | | |
|  | | | | | | | | | |
| **4. Address of food business operator:** | | | | | | | | | |
|  | | | | | | | | | |
| **Post code**: |  | | | **Telephone no.** | | |  | | |
| **Email:** |  | | | | | | | | |
| **Date of Birth of Food Business Operator:** | | | |  | | | | | |
| **5. Limited Company Additional Information:** | | | | | | | | | |
| **Limited company name** | | | |  | | | | | |
| **Company no.** | | | |  | | | | | |
| **Registered Office address** | | | |  | | | | | |
| **Post code**: | | |  | | **Telephone no.** | | |  | | |
| **Limited Company Email:** | | |  | | | | | | |
| **6. 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 stall | | | | | | | | |  |
| Restaurant/café/snack bar | | | | | | | | |  |
| Food Broker | | | | | | | | |  |
| Market | | | | | | | | |  |
| Takeaway | | | | | | | | |  |
| Seasonal Slaughterer | | | | | | | | |  |
| Other (please give details below): | | | | | | | | |  |
|  | | | | | | | | | |
| **7.** **Type of business** (Please tick the box that applies): | | | | | | | | | |
| **Sole Trader** | | | |  | | | | | |
| **Partnership** | | | |  | | | | | |
| **Limited Company** | | | |  | | | | | |
| **Other (please give details)** | | | |  | | | | | |
| **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** (Please tick the box that applies)**:** | | | | | | | | | |
| 5 or less □ 6-10 □ 11-50 □ 51 plus □ | | | | | | | | | |
| **9. Water supplied to the food business establishment (Please tick the box that applies):** | | | | | | | | | |
| Public (mains) supply | | | |  | | | | | |
| Private supply | | | |  | | | | | |
| **10. Full name and contact information of the manager of the food business**  (if different from the food business 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. Please confirm the days of the week that you intend to operate and the opening and closing times on each day** | | | |  | | | | | |
| **14. Number of people engaged in food business** (Please tick the box that applies): | | | | | | | | | |
| **0-10** □ **11-50** □ **51 plus** □  *Note:**Count part-time worker(s) (25 hrs per week or less) as one-half* | | | | | | | | | |
| **15. Please confirm if you have the following information available:** | | | | | | | | | |
| **Food Business Operator Identification (Photographic ID)** | | **YES / NO** | | | | | | | |
| **Food Safety Management System** | | **YES / NO** | | | | | | | |
| **Training Records (Details of food handling staff and their training)** | | **YES / NO** | | | | | | | |
| **Menu** | | **YES / NO** | | | | | | | |
| **Pest Control Measures** | | **YES / NO** | | | | | | | |
| **16. Has the food business operator run a food business previously?** | | **YES / NO** | | | | | | | |
| **17. Has the food business operator registered a food business previously?** | | **YES / NO** | | | | | | | |
| **18. Please indicate whether you would prefer for the Food Authority to communicate with you in English,**  **or Welsh** (Please tick the box that applies)**:** | | | | | | | | | |
| **Welsh** | | |  | | | **English** | | |  |
| **Signature of food business operator\*** | |  | | | | | | | |
| **Name** (BLOCK CAPITALS) | |  | | | | | | | |
| **Date** | |  | | | | | | | |

\*Where the food business is a limited company or partnership the person signing this form must be legally authorised to act on behalf of the food business operator.

**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.**

**Address to return completed form:** Commercial Team, Public Protection Service, Blaenau Gwent County Borough Council, General Offices, Steelworks Road, Ebbw Vale, NP23 6AA.

**Other contact details:**

Telephone (01495) 369542.

Email: environmental.health@blaenau-gwent.gov.uk

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| **Office Use** |  |
| **Date of Receipt** |  |