

# 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 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 Kesteven District Council for guidance. (Details below)

**Address of establishment** \_\_\_\_\_  
(or address at which moveable establishment is kept)

\_\_\_\_\_ **Post code** \_\_\_\_\_

**Trading name of food business** \_\_\_\_\_

**Telephone no.** \_\_\_\_\_ **E mail** \_\_\_\_\_

**Full Name of food business operator** \_\_\_\_\_  
(or Limited Company where relevant)

**Head Office Address of food business operator** \_\_\_\_\_  
(where different from address of establishment)

\_\_\_\_\_ **Post code** \_\_\_\_\_

**Telephone no.** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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

|  |   |  |
|--|---|--|
| Staff restaurant/canteen/kitchen       | Hospital/residential home/school        |  |
| Retailer(including farm shop)          | Distribution/warehousing                |  |
| Restaurant/café/snack bar              | Food manufacturing/processing           |  |
| Market/market stall                    | Importer                                |  |
| Takeaway                               | Catering                                |  |
| Hotel/pub/guesthouse                   | Packer                                  |  |
| Private house used for a food business | Moveable establishment eg ice cream van |  |
| Wholesale/cash and carry               | Primary producer - livestock            |  |
| Food broker                            | Primary producer – arable               |  |
| Other (please give details)            |   |  |

Is this a new business? Yes/No \_\_\_\_\_ If yes, when will you be opening? \_\_\_\_\_

Normal business opening hours \_\_\_\_\_

**Signature of food business operator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
(BLOCK CAPITALS)

The completed form should be sent to:  
**Environmental Health Services**  
**South Kesteven District Council,**  
**Council Offices,**  
**St Peter's Hill,**  
**Grantham Lincs.**  
**NG31 6PZ**  
**Tel no: 01476 406300**

**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.**

Date received \_\_\_\_\_

Date admin. \_\_\_\_\_