

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 Blackpool Council, Food Control 28 days before commencing food operations.

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)

_____ **Date of Birth** _____

_____ **Date of Birth** _____

4. Address of food business operator _____
(where different from address of establishment)

_____ **Post code** _____

Telephone no. _____

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 _____

Date: _____

Name: _____
(BLOCK CAPITALS)

Position in Company/Business _____

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:

Food Control, Blackpool Council, Progress House,
Clifton Road, Blackpool, FY4 4US
Tel: 01253 477477