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
- Retailer (including farm shop)
- Restaurant/café/snack bar
- Market/ Market stall
- Takeaway
- Hotel/pub/guest house
- Private house used for a food business
- Wholesale/cash and carry
- Food Broker
- Hospital/residential home/school
- Distribution/warehousing
- Food manufacturing/processing
- Importer
- Catering
- Packer
- Moveable establishment e.g. ice cream van
- Primary producer - livestock
- Primary producer - arable

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, Public Protection, Blackpool Council, PO Box 4, Blackpool, FY1 1NA Tel 01253 478370