

REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

This form should be completed by food business operators in respect of new food business establishments and submitted to the relevant competent 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 North Somerset Council for guidance.

1. Address.....
(or address at which moveable establishment is kept)

Post Code.....

2. Name of food business Telephone No.....
(trading name)

3. Full Name of food business operator

4. Address of Food Business Operator

Post Code

Telephone No. Email

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

6. Type of Business

- | | | | | | |
|-------------------------------|--------------------------|---|--------------------------|----------------------------------|--------------------------|
| Farm Shop | <input type="checkbox"/> | Staff restaurant/canteen/kitchen | <input type="checkbox"/> | Sole Trader | <input type="checkbox"/> |
| Food manufacturing/processing | <input type="checkbox"/> | Catering | <input type="checkbox"/> | Partnership | <input type="checkbox"/> |
| Packer | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> | Limited Company | <input type="checkbox"/> |
| Importer | <input type="checkbox"/> | Hotel/pub/guest house | <input type="checkbox"/> | Other (Please give Details | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Private house used for a food business | <input type="checkbox"/> | <i>(If Limited Company,</i> | |
| Distribution/warehousing | <input type="checkbox"/> | Moveable establishment e.g. ice cream van | <input type="checkbox"/> | <i>please complete 7. below)</i> | |
| Retailer | <input type="checkbox"/> | Market stall | <input type="checkbox"/> | | |
| Restaurant/café/snack bar | <input type="checkbox"/> | Food Broker | <input type="checkbox"/> | | |
| Market | <input type="checkbox"/> | Takeaway | <input type="checkbox"/> | | |
| Seasonal Slaughterer | <input type="checkbox"/> | Other (Please give details): | <input type="checkbox"/> | | |

7. Limited Company Name Company No

Registered Office Address

Post Code

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:

5 or less 6-10 11-50 51 plus

9. Water Supplied to the Food Business Establishment. Public (Mains) Supply Private Supply

10. Full Name of manager (if different from operator)

11. If this is a new business 12. If this is a seasonal business
Date you intend to open Period during which you intend to be open each year

13. Number of people engaged in food business 0-10 11-50 51 plus (Please tick one box)
Count part-time worker(s) (25 hrs per week or less) as one-half

Signature of
Food Business Operator.....

Date

Name
(BLOCK CAPITALS)

ISSUING OFFICER:

AFTER THIS FORM HAS BEEN SUBMITTED,
FOOD BUSINESS OPERATORS MUST
NOTIFY ANY CHANGES TO THE ACTIVITIES
STATED ABOVE TO [THE COMPETENT
AUTHORITY] AND SHOULD DO SO WITHIN
28 DAYS OF THE CHANGES(S) HAPPENING.