|  |  |
| --- | --- |
|  |  |
| APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT**Regulation (EC) No 852/2004 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 **Shared Regulatory Services** for guidance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | **Please confirm if you would prefer all correspondence in Welsh or English*****(please tick)*** | **Welsh** |  | **English** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. | **Reason for application***(Please select one option)* | New food business  |  | Notification of significant change in food activities |  |
| Change in ownership trading name |  | Change in food business operator |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | **Name of Food Business***(trading name)* |  | **Telephone No.** |  |

|  |  |  |
| --- | --- | --- |
| 4. | **Address of Establishment***(or address at which moveable**establishment is kept)* |  |
|  | **Postcode:** |  |
| **E-mail (please print)** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | **Type of Business** | Limited Company |  | Sole Trader |  | Partnership |  | Other |  |
| ***Complete Section 4(a)*** | ***Complete Section 4(b)*** | ***Complete Section 4(b)*** | ***Complete Section 4(b)*** |

|  |  |  |  |
| --- | --- | --- | --- |
| 5a. | **Details of Food Business Operator*****(if limited company)*** | **Company Number:** |  |
| **Company Name:** |  |
| **Company Address:** |  |
|  | **Postcode:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5b. | **Details of Food Business Operator*****(if Sole Trader,Partner or Other)*** | **Name:** | **Date of Birth** | **Address** | **Postcode** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 6. | **Full** **Name of Manager***(if different from business operator)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 7 | **Number of vehicles or stalls kept at, or used from, the food business establishment and used for the purposes of;** | **Transporting Food:** |  |
| **Preparing, Selling Food:** |  |

|  |  |  |
| --- | --- | --- |
| 8. | **Number of people engaged in food business***(Count part-time worker(s) (25 hrs per week or less) as one-half)* |  |

|  |  |  |
| --- | --- | --- |
| 9. | **Date you intend to Open** |  |

|  |  |  |
| --- | --- | --- |
| 10. | **If this is a seasonal business***(Period during which you intend to be open each year)* |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11. | **Proposed days of opening***Please tick all relevant days)* | Mon |  | Tues |  | Wed |  | Thur |  |
| Fri |  | Sat |  | Sun |  |  |
| **Proposed times of opening** |  |

|  |
| --- |
| **PTO TO CONTINUE THE FORM** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 12. | **Water Supplied to the Food Business Establishment** | **Public (Mains) Supply** |  | **Private Supply** |  |

|  |  |
| --- | --- |
| 13 | **Type of food business*****(Please tick ALL the boxes that apply)*** |
| **Catering** |  | **Distribution / Warehousing** |  | **Farm Shop** |  |
| **Food Broker** |  | **Food Manufacturing / Processing** |  | **Hospital / Residential Home/ School** |  |
| **Hotel / Pub / Guest House** |  | **Importer** |  | **Market** |  |
| **Market Stall** |  | **Moveable Establishment e.g. ice cream van** |  | **Packer** |  |
| **Private House used for a food business** |  | **Restaurant / Café / Snack Bar** |  | **Retailer** |  |
| **Seasonal Slaughterer** |  | **Staff Restaurant / Canteen / Kitchen** |  | **Takeaway** |  |
| **Wholesale / Cash and Carry** |  | **Other (please specify)** |  |

|  |  |
| --- | --- |
| **Signature** |  |
| **Name:*****(Block Capitals)*** |  |
| **Date Form Signed** |  |

|  |
| --- |
| **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** |

|  |
| --- |
| The completed form should be sent to:**Shared Regulatory Services, Civic Offices, Holton Road, BARRY CF63 4RU** |

|  |
| --- |
| NOTES ON REGISTRATION OF FOOD PREMISES |
| **What is registration?**1. Registration of premises used for a food business (including market stalls, delivery vehicles and other moveable structures) is required by law. Registration will allow local authorities to keep an up-to-date list of all those premises in their area so they can visit them when they need to. The frequency of the visits will depend on the type of business.**Who needs to register?**2. Anyone who runs a food business, whether for storing, selling, distribution or preparing food. Food premises includes restaurants, hotels, cafés, shops, supermarkets, staff canteens, kitchens in offices, warehouses, guest houses, delivery vehicles, buffet cars or trains, market and other stalls, hot dog and ice cream vans, etc.3. If you use vehicles for your food business in connection with permanent premises such as a shop, or warehouse you only need to tell the local authority how many vehicles you have. You do not need to register each vehicle separately. If you have one or more vehicles but no permanent premises, you must tell the authority where they are normally kept.4. Anyone starting a new food business must register with the local authority at least 28 days before doing so.**How do I register?**5. By filling in this form. Registration cannot be refused and there is no charge. The registration form must be sent to your local authority. The address can be found on the reverse of this form. If the form is sent to the wrong address, your application will not take effect until it is received at the proper place. If you use premises in more than one local authority area, you must register with each authority separately.6. You must tick all the boxes which apply to your business, answer all the questions and give all the information requested. Seasonal businesses operating for a certain period each year should give the dates between which they will be open in answer to question 12. If you have any questions, your local authority will help you. It is an offence to give information which you know is false.**What happens to the information given on the form?**7. The local authority will enter the details on its Register. A register of addresses and the type of business carried on at each will be open to inspection by the general public. Records of the other information provided will not be publicly available.**Changes**8. Once you have registered with the Local Authority you only need notify them of a change of proprietor, if the nature of the business changes, or if there is a change of the address at which moveable premises are kept. The new proprietor will have to complete an application form.These notes are provided for information only**and should not be regarded as a complete statement of law.** |

|  |
| --- |
| **Shared Regulatory Services - office use only *(Please tick the box that applies)*** |
| **Voluntarily presents via LA** |  | **Voluntarily registers via gov.uk** |  | **Third party registration** |  |
| **Discovered to be trading by LA** |  | **Notified of via another LA or Other Gvt. Dept.** |  |  |
| **Other *(please provide detail)*** |  |