

Application Form for the Registration of a Food Business Establishment

(Retained Regulation (EU) No. 852/2004)

This form should be completed by food business operators in respect of new food business establishments and received by 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 North Kesteven District Council for guidance.

1	Address of establishment: (or address at which moveable establishment is kept)			
	Postcode:			
2	Trading name of food businesses:			
	Telephone Number:			
3	Full name of food business operator(s): (or Limited company where relevant)			
4	Head office address of food business operator: (where different from address of establishment)			
	Postcode:			
	Telephone Number:			
	Email:			
5	Type of food business: (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"/>
6	If this is a new business, the date you intend to open:			
7	What are your normal opening hours?:			

Signature of Food Business Operator:	
Name (BLOCK CAPITALS):	
Date:	

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

Please tick this box if you require an 'awaiting inspection' certificate and sticker under the Food Hygiene Rating Scheme: