

**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 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 to be approved, please contact Bath and North East Somerset for guidance

**Establishment and operator details**

**Address of establishment**  
(Or address at which movable establishment is kept)

**Postcode**

**Business Email**

**Facebook**

**Twitter**

**Trading name of food business**

**Full name of food business operator\***

**Address of food business operator\***

**Telephone No**

**E-mail**

**Food Business Owner/s**

**Full name of food  
business owner/s**

**Address of owner/s**

**Telephone No**

**E-mail**

**Type of food business (Please tick ALL boxes that apply):**

- |                               |   |
|-------------------------------|---|
| Farm shop                     | Staff restaurant/canteen/kitchen          |
| Food Manufacturing/Processing | Catering                                  |
| Packer                        | Hospital/residential home/school          |
| Importer                      | Hotel/pub/guest house                     |
| Wholesale/cash and carry      | Private house used for a food business    |
| Distribution/warehousing      | Moveable establishment e.g. ice cream van |
| Retailer                      | Market Stall                              |
| Restaurant/café/snack bar     | Food Broker                               |
| Market                        | Takeaway                                  |
| Seasonal Slaughter            |   |

**Please describe food range, quantity and methods of production  
(attach a sample menu/price list if easier):**

**Type of business**

Sole Trader

Other (please give details):

Partnership

Limited Company

**If Limited company please give:**

**Ltd Company Name**

**Company No**

**Registered Office  
address**

**Postcode**

**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**

Not Applicable

5 or less

6-10

11-50

**Water supplied to the food business establishment:**

Public (mains) supply

(Supplied by a water company)

Private supply

(Not supplied by a water company e.g. borehole, well or spring)

**Full name of manager**

**Opening date if this is a new business**

**Is this a seasonal business :**

Yes

No

**If yes, when do you intend to open each year**

## Number of people engaged in food business

0 – 5

6 – 10

11-50

51 plus

Count part-time worker(s) (25 hrs per week or less) as one-half

### Opening Hours (please state am & pm or use 24hr clock)

Mon	Tues	Wed		
Thurs	Fri	Sat	Sun	

**Name**

**Date**

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

Please save this completed pdf and email to:

**public\_protection@bathnes.gov.uk**

Or return this completed form to:

Education and Enforcement Team, Bath and North East Somerset, 1st Floor Lewis House, Manvers Street, Bath BA1 1JG Telephone: (01225) 477508

\*A 'food business operator' means the natural or legal persons responsible for ensuring the requirements of food law are met within the food business under their control.