

CRAVEN DISTRICT COUNCIL
 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 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 us for guidance.

1. ADDRESS OF ESTABLISHMENT (or address at which moveable establishment is kept)

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Post Code:

2. TRADING NAME OF FOOD BUSINESS:

Telephone no (incl STD code):

3. FULL NAME OF FOOD BUSINESS OPERATOR(S) (or Limited Company where relevant)

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Out of hours details (must be completed)

Address:

Telephone no:

4. HEAD OFFICE ADDRESS OF FOOD BUSINESS OPERATOR (where different from address of establishment)

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Post Code: **Telephone no:**

Email:

5. TYPE OF FOOD ACTIVITY (Please tick ALL the boxes that apply):

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

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6. WATER SUPPLIED TO THE FOOD BUSINESS ESTABLISHMENT:

Public (mains) supply:

Private supply:

7. FULL NAME OF MANAGER (If different from operator):

8. IF THIS IS A NEW BUSINESS, THE DATE YOU INTEND TO OPEN:

9. PLEASE PROVIDE DETAILS OF YOUR INTENDED OPENING HOURS, TRADING FREQUENCY ETC: (Eg Mon-Fri 9am to 5pm, once per calendar month etc)

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10. WHAT WILL BE THE SCALE OF YOUR FOOD BUSINESS? (If YES, details)

Off site facilities: YES/NO

Other premises: YES/NO

Supply to caterers: YES/NO

Supply to retailers: YES/NO

Outside catering: YES/NO

Signature of food business operator: **Date :**

Name: (BLOCK CAPITALS)

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 CRAVEN DISTRICT COUNCIL AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

The completed form should be returned to:-

**CRAVEN DISTRICT COUNCIL
ENVIRONMENTAL HEALTH
1 BELLE VUE SQUARE
BROUGHTON ROAD
SKIPTON
NORTH YORKSHIRE
BD23 1FJ**

Telephone: 01756 706258