

APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

(Regulation (EC) No 852/2004 on the hygiene of foodstuffs)



This form should be completed by food business operators in respect of new food business establishments and submitted to **Mid Devon District Council, Environmental Health, Phoenix House, Phoenix Lane, Tiverton, Devon EX16 6PP** 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 Mid Devon District Council for guidance.

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

Postcode _____
Business Telephone no. _____

2. **Trading Name of food business** _____

3. **Type of food activity** (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"/>

Other (please give details): _____

THE INFORMATION ABOVE WILL BE PART OF THE PUBLIC REGISTER OPEN FOR INSPECTION

4. **Full Name of food business operator(s)** _____
(or Limited company where relevant)

5. **Head Office address of food business operator** _____
(where different from address of establishment)

Post code _____

Tel no _____ Mobile _____ E-Mail _____

6. **If this is a new business, the date you intend to open** _____

The information you have provided on this form will be recorded and used for the purpose stated. Additionally the information will be shared with other Council Departments and Devon and Somerset Trading Standards to assist in improving services provided by the Council and to meet its statutory obligations. MDDC is under a duty to protect the public funds it administers and to that end may use the information you have provided and share it with other bodies responsible for auditing or administering public funds, for the detection and prevention of fraud.

Name (BLOCK CAPITALS) _____

Signature of Food Business Operator _____ **Date** _____

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

ADDITIONAL QUESTIONS OVERLEAF

ADDITIONAL INFORMATION

The additional information you provide here will be recorded and used to assist in improving services provided by the Council and Devon and Somerset Trading Standards to meet its statutory obligations and to help officers prioritise risk and target resources to those areas requiring greatest attention.

1. Is this a completely new business? YES NO
or
2. Will you be the owner of an existing business? YES NO
3. Have you run this type of business before? YES NO
4. Do you have any training in food safety? YES NO
5. If so, what and when did you do it? _____
6. How many people will be working in your business? _____
7. Please could you describe the food business: _____

8. Will you be supplying other food businesses YES NO
9. Will you be handling and/or preparing open (unwrapped) foods? YES NO
10. Will you be handling and/or preparing ready-to-eat foods AND raw meat or eggs? YES NO
11. On average, how many customers do you think you will have per day? _____
12. On average, are customers going to be mostly under 5 years or over 65 years old? YES NO
13. If yes, please give details: _____
14. What will be your normal opening days / times? _____
15. Will you be selling hot food and/or hot drinks after 11 pm? YES NO
16. Will it be a seasonal business? YES NO
17. Do you intend to sell age sensitive products such as alcohol? YES NO
or cigarettes? YES NO
18. If you intend to manufacture and/or pack food products, will you be marking these products with volumes or weights?
Volume: YES NO Weight: YES NO
19. Will you be using measuring equipment to serve foodstuffs such as optics or scales?
Optics: YES NO Scales: YES NO

Name of person completing form: _____

Signature: _____

Date: _____

The completed form should be returned to: Mid Devon District Council, Environmental Health, Phoenix House, Phoenix Lane, Tiverton, Devon EX16 6PP