

# Application for the Registration of a Food Business Establishment

(Regulation (EC) No 853/2004 on the  
Hygiene of Foodstuffs, Article 6(2))

Office Use: Date Stamp		Next Insp last date: .....	
		Date of Issue: .....	
		Officer: .....	
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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 Breckland Council's Food Team (01362 656313) for guidance.

1. **Address of establishment:** \_\_\_\_\_  
(or address at which moveable  
establishment is kept) \_\_\_\_\_

**Postcode:** \_\_\_\_\_

2. **Trading name of food business:** \_\_\_\_\_

**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:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

5. **Type of food activity:** (Please tick ALL 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/guesthouse	<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): \_\_\_\_\_

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

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 food authority and should do so within 28 days of the change(s) happening.**

Prohibited person register checked?	Initials:		Date:	
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**Please return to: Breckland Council, Food and Health & Safety Team, Elizabeth House, Walpole Loke, Dereham, Norfolk, NR19 1EE**