



# 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 Sevenoaks District Council for guidance.

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

2. **Name of food business** \_\_\_\_\_ **Telephone no.** \_\_\_\_\_  
(trading name)

3. **Type of food business** (Please tick ALL the boxes that apply):
- |  |  |   |
|--|--|---|
| Farm Shop <input type="checkbox"/>                     | Staff restaurant/canteen/kitchen <input type="checkbox"/>          | Sole Trader <input type="checkbox"/>                          |
| Food manufacturing/processing <input type="checkbox"/> | Catering <input type="checkbox"/>                                  | Partnership <input type="checkbox"/>                          |
| Packer <input type="checkbox"/>                        | Hospital/residential home/school <input type="checkbox"/>          | Limited Company <input type="checkbox"/>                      |
| Importer <input type="checkbox"/>                      | Hotel/pub/guest house <input type="checkbox"/>                     | Other ( <b>please give details</b> ) <input type="checkbox"/> |
| Wholesale/cash and carry <input type="checkbox"/>      | Private house used for a food business <input type="checkbox"/>    | _____   |
| Distribution/warehousing <input type="checkbox"/>      | Moveable establishment e.g. ice cream van <input type="checkbox"/> | _____   |
| Retailer <input type="checkbox"/>                      | Market stall <input type="checkbox"/>                              | _____   |
| Restaurant/café/snack bar <input type="checkbox"/>     | Food Broker <input type="checkbox"/>                               | _____   |
| Market <input type="checkbox"/>                        | Takeaway <input type="checkbox"/>                                  | (If Limited Company, please complete 7. below)                |
| Seasonal Slaughterer <input type="checkbox"/>          | Other ( <b>please give details</b> ): _____                        |   |

5. **Full Name of food business operator** \_\_\_\_\_

6. **Address of food business operator** \_\_\_\_\_  
**Post code** \_\_\_\_\_

**Telephone no.** \_\_\_\_\_ **E-mail** \_\_\_\_\_

7. **Limited company name** \_\_\_\_\_ **Company no.** \_\_\_\_\_

**Registered Office address** \_\_\_\_\_  
**Post code** \_\_\_\_\_

8. **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:**

5 or less     6-10     11-50     51 plus

9. **Water supplied to the food business establishment:**    Public (mains) supply     Private supply

10. **Full name of manager (if different from operator)** \_\_\_\_\_

11. **If this is a new business** \_\_\_\_\_    12. **If this is a seasonal business** \_\_\_\_\_  
Date you intend to open    Period during which you intend to be open each year

13. **Number of people engaged in food business**    0-10     11-50     51 plus     (Please tick one box)  
Count part-time worker(s) (25 hrs per week or less) as one-half

**Signature of food business operator** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
(BLOCK CAPITALS)

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

*Please return to:*  
**Environmental Health – Commercial Team,**  
**Sevenoaks District Council, Argyle Road, Sevenoaks, Kent TN13 1HG**  
**Phone: 01732 227000    Fax: 01732 742339    environmental.health@sevenoaks.gov.uk**

\*This information will be kept on the Public Register for inspection at Sevenoaks District Council Offices