

North Hertfordshire District Council

Application Form for the Registration of a Food Business Establishment

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 North Hertfordshire District Council for guidance.

1. Address of establishment _____

(or address at which moveable establishment is kept)

Post Code _____

2. Name of food business _____

(trading name)

Telephone No. _____

3. Full name of food business operator _____

4. Address of food business operator _____

Post Code _____

Telephone No. _____

Email _____

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

- | | |
|--|--|
| <input type="checkbox"/> Farm Shop | <input type="checkbox"/> Staff restaurant/canteen/kitchen |
| <input type="checkbox"/> Food Manufacturing / processing | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Packer | <input type="checkbox"/> Hospital/residential home/school |
| <input type="checkbox"/> Importer | <input type="checkbox"/> Hotel/pub/guest house |
| <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 eg 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"/> Seasonal Slaughterer | Other (Please give details) |

6. Type of business:

Sole Trader Partnership Limited Company Other (please give details) _____

7. Limited company name _____

Company No. _____

Registered office address _____

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 +

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, date you intend to open _____

12. If this is a seasonal business, period during which you intend to open each year _____

13. Number of people engaged in food business

0-10

11-50

51 +

(Please tick one box)

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

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 ENVIRONMENTAL HEALTH AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING

PLEASE RETURN TO:

**North Hertfordshire District Council, Environmental Health,
Council Offices, Gernon Road, Letchworth, SG6 3JF**