



(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 returned to **Environmental Health, Public Protection, Darby House, Telford, TF3 4JA** 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 – Telephone 01952 381818

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

2. **Trading name of food business** _____ **Telephone No.** _____

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

4. **Home Address** or **address of Food Business Operator** _____
(where different from the address of establishment) _____ **Post Code** _____

Telephone No. _____ **E-Mail** _____

5. **Type of food business** (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 | <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**): _____

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

7. **Water Supplied to the Food Business** **Public (Mains) Supply** **Private Supply**

Signature of Food Business Operator _____

Date _____

Name _____
(BLOCK CAPITALS)

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