

# 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 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 Commercial Environmental Health on 0208 891 7117 or email [commercialeh@richmond.gov.uk](mailto:commercialeh@richmond.gov.uk) for guidance.

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

Post code:

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

Email address:

Tel no:

Mobile no:

3. **Full Name of Food Business Operator(s):**

(or Limited company where relevant)

**Date of Birth of Food Business Operator:**   -   -   (dd-mm-yy)

4. **Head Office address of Food Business Operator** (where different from address of establishment)

Post code:

Telephone no:

E-mail:

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

- |   |  |
|---|--|
| <input type="checkbox"/> Food manufacturing/processing  | <input type="checkbox"/> Staff restaurant/canteen/kitchen          |
| <input type="checkbox"/> Packer                         | <input type="checkbox"/> Catering                                  |
| <input type="checkbox"/> Importer                       | <input type="checkbox"/> Hospital/residential home/school/nursery  |
| <input type="checkbox"/> Wholesale/cash and carry       | <input type="checkbox"/> Hotel/pub/guest house                     |
| <input type="checkbox"/> Distribution/warehousing       | <input type="checkbox"/> Private house used for a food business    |
| <input type="checkbox"/> Retailer (including farm shop) | <input type="checkbox"/> Moveable establishment e.g. ice cream van |
| <input type="checkbox"/> Restaurant/café/snack bar      | <input type="checkbox"/> Food Broker                               |
| <input type="checkbox"/> Market/ Market stall           | <input type="checkbox"/> Takeaway                                  |
| <input type="checkbox"/> Primary producer – livestock   | <input type="checkbox"/> Primary producer - arable                 |

6. **Describe food operation** (eg. cake making, cooked meals, pre-packed only)

7. **Type of business:**  Sole trader  Partnership  Limited company  Other

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

8. Number of vehicles/stalls used for the purpose of preparing, selling or transporting food:  
 5 or less     6-10     11-50     51+

Owner of food business if different from the Food Business Operator:

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.

RETURN TO: Commercial Environmental Health, 2<sup>nd</sup> Floor, Civic Centre, 44 York Street, Twickenham TW1 3BZ or [commercialeh@richmond.gov.uk](mailto:commercialeh@richmond.gov.uk)

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<b>PRU - GENERAL</b>	
New business <input type="checkbox"/>	Create new PRU record from address
Usage <input type="checkbox"/>	
Type <input type="checkbox"/>	
Inspections <input type="checkbox"/>	H Food Hygiene (+28 days)    G Food Standards (+28 days)
<b>PRU - UD MORE</b>	
HS CATEGORY	
FHRS SCOPE	<input type="checkbox"/> INCLUDED <input type="checkbox"/> INCLUDED & PRIVATE <input type="checkbox"/> EXCLUDED <input type="checkbox"/> EXEMPT <input type="checkbox"/> EXEMPT & PRIVATE <input type="checkbox"/> SENSITIVE
FSA CATAGORY	
<b>MAU</b>	
Activity	CAA
Unit	E
Action	CAA