

# APPLICATION FORM 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 competent 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 Torfaen County Borough Council for guidance.

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

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

2 **Trading Name of Food Business** \_\_\_\_\_ **Telephone** \_\_\_\_\_

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 No.** \_\_\_\_\_ **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/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 (e.g. arable, livestock) | <input type="checkbox"/> |
| Food Broker                            | <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):** \_\_\_\_\_

## PLEASE RETURN TO:

PLANNING AND PUBLIC PROTECTION SERVICE  
FOOD AND HEALTH & SAFETY ENFORCEMENT TEAM  
FLOOR 4, COUNTY HALL  
CWMBRAN  
TORFAEN NP44 2WN

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