## 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 Hertsmere Borough Council for guidance.

1. Address of establis		
(or address at whic	ch moveable establishment is	s kept)
		Post code
2. Trading name of fo	od business	
Telephone number	r	
<ol> <li>Full name of food to (or Limited compariant)</li> </ol>		
	ss of food business operator om address of establishment)	
		Post code
Telephone number	٢	Email
5. Type of food activit	ty (please tick ALL boxes tha	t apply)
Staff Restaurant /	Canteen / Kitchen	Hospital / Residential Home / School
	g farm shop)	
Restaurant / Café	/ Snack bar	Food Manufacturing / Processing
Market / Market s		Importer
Takeaway		Catering
	use / Guest House	Packer
Private house use	ed for a food business	Moveable establishment e.g. Ice Cream Van
	and Carry	Primary Producer – Livestock
Food Broker	¥	Primary Producer – Arable
Other (please give	e details):	
6. If this is a new bus	iness, the date you intend to	open
Signature of food b	ousiness operator	
Name		Date
(BLOCK CAPITAL	S)	
	STATED ABOVE (INCLUDING CLOSU	ESS OPERATORS MUST NOTIFY ANY SIGNIFICANT CHANGE IN ACTIVITIES RE) TO HERTSMERE BOROUGH COUNCIL AND SHOULD DO SO WITHIN 28
	ed / included / exempt / sensitive / colum	jdriveellenchandouts051: nn 5 / included & private / exempt & private