

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 [the Food Authority] for guidance.

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

2. **Name of Food Business** _____ **Tel. No.** _____

3. **Full Name of Food Business Operator** _____

4. **Address of Food Business Operator** _____
Post Code _____

Tel. No. _____ **E-Mail** _____

5. **Type of Food Business** (Please tick ALL the boxes that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Farm Shop | <input type="checkbox"/> Restaurant/café/snack bar | <input type="checkbox"/> Private House used for a food business |
| <input type="checkbox"/> Food manufacturing/processing | <input type="checkbox"/> Market | <input type="checkbox"/> Moveable establishment e.g. ice cream van |
| <input type="checkbox"/> Packer | <input type="checkbox"/> Season Slaughterer | <input type="checkbox"/> Market stall |
| <input type="checkbox"/> Importer | <input type="checkbox"/> Staff restaurant/canteen/kitchen | <input type="checkbox"/> Food Broker |
| <input type="checkbox"/> Wholesale/cash and carry | <input type="checkbox"/> Catering | <input type="checkbox"/> Takeaway |
| <input type="checkbox"/> Distribution/warehousing | <input type="checkbox"/> Hospital/residential home/school | <input type="checkbox"/> Other (Please give details): _____ |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Hotel/pub/guest house | |

6. **Type of Business**

Sole Trader Partnership Limited Company Other _____
(If Limited Company, please complete 7. below))

7. **Limited Company Name** _____ **Company No.** _____

Registered Office Address _____
Post Code _____

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 plus

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 be open each year) _____

13. **Number of people engaged in food business** 0 – 10 11 – 50 51 plus (**Please tick one box**)
(count part-time worker(s)(25 hrs per week or less as one-half)

The completed form should be sent to:

ENVIRONMENTAL HEALTH & PROTECTION SERVICES
KENNET DISTRICT COUNCIL
BROWFORT
BATH ROAD DEVIZES WILTS SN10 2AT
01380 724911

It is an offence to give false or incomplete information

(BLOCK CAPITALS)

Name:

Position:

Signature:

Date: