


Date Updated	Officer Initials	<b>THIS COMPLETED FORM SHOULD BE SENT TO: ENVIRONMENTAL HEALTH, LICHFIELD DISTRICT COUNCIL, FROG LANE, LICHFIELD. STAFFS. WS13 6ZE</b>	 Lichfield district council www.lichfielddc.gov.uk

## 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 submitted to 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 **Lichfield District Council** for guidance.

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

2. **Trading name of food business** \_\_\_\_\_  
 (trading name)

**Telephone no (inc Std):** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Fax no:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_

3. **Full Name of food business operator(s)** \_\_\_\_\_

4. **Type of food business** (Please tick ALL the boxes that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> 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 - livestock              |
| <input type="checkbox"/> Food Broker                            | <input type="checkbox"/> Primary producer - arable                 |

Other (please give details): \_\_\_\_\_

5. **Type of business:**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Sole Trader                 | <input type="checkbox"/> |
| <input type="checkbox"/> Partnership                 | <input type="checkbox"/> |
| <input type="checkbox"/> Limited Company             | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please give details) | <input type="checkbox"/> |

*(If Limited Company, please complete 6. below)*

6. **Limited company name** \_\_\_\_\_ **Company no.** \_\_\_\_\_

**Registered Head Office address** \_\_\_\_\_  
 \_\_\_\_\_ **Post code** \_\_\_\_\_

**Telephone no (inc Std):** \_\_\_\_\_

**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.**