

APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

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 Braintree District Council (Tel 01376 552525 x 2211) for guidance. **Please send completed forms to Health Protection, Environmental Health, Braintree District Council, Causeway House, Bocking End, Braintree, Essex CM7 9HB.**

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

Post Code _____

2. **Name of food business** _____ **Telephone No.** _____
(trading name)

3. **Full Name of food business operator** _____

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

Post Code _____

Telephone No. _____ **E-Mail** _____

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

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

6. **Type of Business:**

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

(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

Signature of Food Business Operator _____

Date _____

Name _____
(BLOCK CAPITALS)

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGES TO THE ACTIVITIES STATED ABOVE TO BRAINTREE DISTRICT COUNCIL AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.