

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 food business establishments and returned to Neath Port Talbot County Borough Council at the address below 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 Environmental Health and Trading Standards, Neath Port Talbot CBC (Tel 01639 685678 / 686868) for guidance.

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. **Date business started** _____
or Date you intend to open

12. **If this is a seasonal business** _____
Period during which you intend to be open each year

13a. **Proposed days of opening** (please tick): Mon ; Tue ; Wed ; Thur ; Fri ; Sat ; Sun

13b. **Trading Hours** _____

14. **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)

The completed form should be sent to: **Neath Port Talbot CBC**

Environmental Health and Trading Standards

The Quays, Brunel Way, Baglan, Port Talbot. SA11 2GG.

**AFTER THIS FORM HAS BEEN SUBMITTED,
FOOD BUSINESS OPERATORS MUST
NOTIFY ANY CHANGES TO THE ACTIVITIES
STATED ABOVE TO NEATH PORT TALBOT
CBC, AT THE ADDRESS BELOW AND
SHOULD DO SO WITHIN 28 DAYS OF THE
CHANGE(S) HAPPENING.**