

# APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

(Regulation (EC) No. 852/2004 on the Hygiene of Foodstuffs, Article 6(2)- retained EU law as per the European Union (Withdrawal) Act 2018)

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 686868 / 685290) 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.**

*Mae'r ddogfen hon hefyd ar gael yn Cymraeg / This document is also available in Welsh*