

Applications are to be returned to:  
**Commercial Team**  
**Public Protection**  
**Civic Offices**  
**Holton Road**  
**Barry**  
**Vale of Glamorgan**  
**CF63 4RU**  
**Tel: 01446 709105**



**Application for Registration of a Food Business Establishment  
 Regulation (EC) No. 852/2004 on the Hygiene of Foodstuffs Article 6(2)**

**1. Applicant details** *(details of food business operator)*

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>
Full name			
House no and Street			
District			
Postcode			
Telephone number			
Email address			

**2. Details of food business.**

Trading name	
Name/no and street	
District	
Postcode	
Telephone number	

**3. Type of food business** *(please tick all that apply)*

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

**4. Type of business**

Sole Trader  Partnership  Limited Company  Other *(please specify):*

**5. If limited company, please complete the following details**

(please provide registered office details)

Company name	
Company number	
Name/no and street	
District	
Postcode	
Telephone number	

**6. 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

**7. Water supplied to the food business establishment**

Public (mains) supply  Private supply

**8. Full name of manager if different from operator**

(as stated under question 1)

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**9. If this is a new business please state date you intend to open.**

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**10. If this is a seasonal business please state the period which you intend to be open each year.**

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**11. Number of people engaged in food business**

(count part-time worker(s) (25 hours or less) as one-half)

0 – 10  11 – 50  51 plus  (only tick ONE box)

**Signature:**.....  
**(food business operator)**

**Print name:**

**Date:**  
(dd/mm/yyyy)