

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)