

**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 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 the Joint Environmental Health Service for Bolsover District Council and North East Derbyshire District Council on 01246 217873 for guidance.

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

..... Post Code:

2. Trading name of food business:

Telephone No.: **E-Mail:**

3. Full Name(s) of food business operator(s):
(or Limited company where relevant) eg **A B Ltd Company**

.....

4. Address of Food Business Operator:
(where different from address of establishment) eg **Head office/home address**

..... Post Code:

Telephone No.: **E-Mail:**

5. Type of food business (please tick ALL the boxes that apply):			
Restaurant/café/snack bar	<input type="checkbox"/>	Food Broker	<input type="checkbox"/>
Staff restaurant/canteen/kitchen	<input type="checkbox"/>	Primary Producer - livestock	<input type="checkbox"/>
Food manufacturing/processing	<input type="checkbox"/>	Primary Producer - arable	<input type="checkbox"/>
Catering	<input type="checkbox"/>	Importer	<input type="checkbox"/>
Takeaway	<input type="checkbox"/>	Packer	<input type="checkbox"/>
Hospital/residential home/school	<input type="checkbox"/>	Other (please give details):	
Hotel/pub/guest house	<input type="checkbox"/>		
Wholesale/cash & carry	<input type="checkbox"/>		
Moveable establishment. e.g. ice cream van	<input type="checkbox"/>		
Distribution/warehousing	<input type="checkbox"/>		
Private house – used for food business	<input type="checkbox"/>		
Retailer (including farm shop)	<input type="checkbox"/>		
Market/Market Stall	<input type="checkbox"/>		

6. If this is a new business the date you intend to open:.....

Signature of Food Business Operator:

Date:

Name: (BLOCK CAPITALS)

Position in company

Completed form should be sent to:

For the attention of

Joint Environmental Health Service

Bolsover District Council and North East Derbyshire District Council

District Council Offices

2013 Mill Lane

Wingerworth

Chesterfield S42 6NG

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY SIGNIFICANT CHANGE IN ACTIVITIES TO THE ACTIVITIES STATED ABOVE (INCLUDING CLOSURE) TO, ENVIRONMENTAL HEALTH AT BOLSOVER DISTRICT COUNCIL OR NORTH EAST DERBYSHIRE DISTRICT COUNCIL AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

All personal information provided to your respective council (Bolsover District Council or North East Derbyshire District Council) will be held and treated in confidence in accordance with the Data Protection Act 1998 and may be shared with other council departments or third party organisations.

Please note that the Council is required by legislation to keep a Public Register. This means that the information provided will be made available to the public. Only your trading name, address and type of food business will be included in the Public Register of Food Businesses.

THIS DOCUMENT IS AVAILABLE IN LARGE PRINT AND OTHER FORMATS FROM ANY OF THE COUNCIL OFFICES OR BY CONTACTING THE JOINT ENVIRONMENTAL HEALTH SERVICE ON 01246 217873. PLEASE BEAR IN MIND WE WILL NEED A FEW DAYS TO ARRANGE THIS FACILITY.

IF YOU NEED HELP TO READ THIS DOCUMENT PLEASE DO NOT HESITATE TO CONTACT US.