

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 received by 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 [insert name of Food Authority] for guidance.

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

Post code _____

2. **Trading name of food business** _____ **Telephone no.** _____

3. **Full Name of food business operator(s)** _____
(or Limited company where relevant)

4. **Head Office address of food business operator** _____
(where different from address of establishment)

Post code _____

Telephone no. _____ **E-mail** _____

5. **Type of food activity** (Please tick ALL the boxes that apply):

- | | | | |
|--|--------------------------|---|--------------------------|
| Staff restaurant/canteen/kitchen | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Retailer (including farm shop) | <input type="checkbox"/> | Distribution/warehousing | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Food manufacturing/processing | <input type="checkbox"/> |
| Market/ Market stall | <input type="checkbox"/> | Importer | <input type="checkbox"/> |
| Takeaway | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Hotel/pub/guest house | <input type="checkbox"/> | Packer | <input type="checkbox"/> |
| Private house used for a food business | <input type="checkbox"/> | Moveable establishment e.g. ice cream van | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Primary producer - livestock | <input type="checkbox"/> |
| Food Broker | <input type="checkbox"/> | Primary producer - arable | <input type="checkbox"/> |

Other (please give details):

6. **If this is a new business, the date you intend to open** _____

Signature of food business operator _____

Date: _____

Name: _____

(BLOCK CAPITALS)

LONDON BOROUGH OF MERTON
ENVIRONMENTAL HEALTH
MERTON CIVIC CENTRE
LONDON ROAD
MORDEN, SURREY SM4 5DX

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY SIGNIFICANT CHANGE IN ACTIVITIES TO THE ACTIVITIES STATED ABOVE (INCLUDING CLOSURE) TO THE FOOD AUTHORITY AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

Personal Information Policy

The Council will use your details, the information about your dealings with the Council and the information about you available to the Council ("your information") to:

- ♦ deal with your requests and administer its departmental functions in the processing of your application;
- ♦ meet its statutory obligations;
- ♦ prevent and detect fraud;
- ♦ conduct surveys and research.

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other Departments within the Council (including the elected members), central government Departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.