

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 Highland Council 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 Highland Council for guidance.

Any person who in, or in connection with, the making of this application makes any statement which he/she knows to be false shall be guilty of an offence and liable on conviction to a fine or imprisonment.

Data Protection – the information you have supplied will be used for the purpose for which you have provided it and any relevant procedures following from this. This data will be maintained in accordance with the Data Protection Act 1998 and will not be passed on or sold to any other organisation without your prior approval unless this is a legal requirement.

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

Post Code _____

2. Name of Food Business (Trading Name) _____

Tel No. _____

3. Full Name of Food Business Operator

4. Address of Food Business Operator

Post Code _____

Tel No. _____ Mobile _____

Email _____

5. Type of Food Business (Please tick ALL the boxes that apply):

- | | |
|--------------------------------|--|
| Farm Shop | Staff restaurant/ canteen/ kitchen |
| Food manufacturing/ processing | Catering |
| Packer | Hospital/ residential home/ school |
| Importer | Hotel/ pub/ guest house |
| Wholesale/ cash and carry | Private house used for a food business |
| Distribution/ warehousing | Moveable establishment eg. ice cream van |
| Retailer | Market Stall |
| Restaurant/ Café/ Snack Bar | Food Broker |
| Market | Takeaway |
| Seasonal Slaughterer | Other (please give details): |
-

6. Type of Business:

- | | |
|-----------------|-----------------------------|
| Sole Trader | Partnership |
| Limited Company | Other (please give details) |

If you have selected 'Limited Company' to Question 6, please complete Question 7 overleaf:

7. Limited Company Name _____

Company Number _____

Registered Office Address

Post Code _____

8. If this is a New Business – date you intend to open?

9. Description of food business (*Please give details of ALL food and drink activities*)

10. Private Water Supply

Does the establishment have a private water supply? YES NO

11. Days/ Hours of operation _____

12. Number of people engaged in food business?

1-10 11-50 51 plus (*Please click one box*)
Count part-time
worker(s) as one-half

13. If this is a Seasonal Business – Period during which you intend to open each year?

Signature of Food Business Operator _____

Date _____

Name _____ (BLOCK CAPITALS)

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

Please return the completed form to:

By Post: The Highland Council, Environmental Health, 38 Harbour Road,
INVERNESS IV1 1UF

By Email: envhealth@highland.gov.uk

For Office Use

APP Premises ID: _____

Acknowledgement sent: _____