



# APPLICATION FORM 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 the Isle of Wight Council on telephone (01983) 823000 option 1 for guidance.

1 Trading Name of Food Business.....

2 Address of Establishment (or address at which moveable establishment is kept)
Postcode..... Telephone Number.....
Email.....

3 Full Name of Food Business Operator(s)\*/ Limited Company\* (\*Circle the relevant information)

4 Head\*/Registered\*Office Address of Food Business Operator(s)\*/Limited Company Company No:.....
Postcode..... Telephone Number.....
Email.....

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

- Supplies direct to final consumer
Primary Producer
Importer/Exporter
Smaller Retailer
Hotel/Guest House/B&B
Caring Establishments
Restaurants & Caterers - Other
Private house used for a food business
Manufacturer
Distributor/Transporter
Retailer - Other
Pub/Club
School/College
Childminder
Packer
Supermarket
Restaurant/Café/Canteen
Take-away
Mobile Food Unit

6 Does your business handle or involve any of the following? Please tick ALL the boxes that apply

- Chilled Foods
Fresh / frozen meat
Meat products / delicatessen
Sandwiches
Vacuum packing
Fruit and vegetables
Fresh / frozen poultry
Dairy products
Ice cream
Fish / fish products
Eggs
Bakery
Alcoholic drinks

7 If this is a new business, the date you intend to open.....

8 If this is a seasonal business, the period during which you intend to open each year.....

IT IS AN OFFENCE TO GIVE FALSE OR INCOMPLETE INFORMATION:

Signature of Food Business Operator.....
Name (Block Capitals)..... Date.....

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.

The completed form should be sent to:
Isle of Wight Council, Environmental Health, Jubilee Stores, The Quay, Newport, Isle of Wight PO30 2EH