

**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 Bristol City Council for guidance.

This form should be filled in **black ink and BLOCK CAPITALS** if not being completed online

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

_____ **Post code:** _____

Trading name of food business: _____

Telephone No: _____ **E-mail:** _____

Full Name of food business operator(s) (or Limited company where relevant):

Head Office address of food business operator (where different from address of establishment):

_____ **Post code:** _____

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

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

Other (please give details): _____

If this is a new business, the date you intend to open: _____

Hours of opening (please indicate if seasonal): _____

I am the: (Please tick a box)

Food Business Operator (FBO) **Employee** **Agent acting on behalf of the FBO**

Mr **Mrs** **Ms** **Name:** _____

Signature: _____ **Date:** _____

The completed form should be returned to:

**The Food Safety Team (ABS MDT4)
Bristol City Council (CH)
PO Box 3399
Bristol
BS1 9NE**

**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.**

Or email to food.safety@bristol.gov.uk