



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 London Borough of Hounslow 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 business (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"/> | Catering <input type="checkbox"/> |
| Restaurant/café/snack bar <input type="checkbox"/> | Distribution/warehousing <input type="checkbox"/> |
| Market/Market stall <input type="checkbox"/> | Packer <input type="checkbox"/> |
| Takeaway <input type="checkbox"/> | Private house used for a food business <input type="checkbox"/> |
| Hotel/pub/guest house <input type="checkbox"/> | Moveable establishment e.g. ice cream van <input type="checkbox"/> |
| Importer <input type="checkbox"/> | Food Broker <input type="checkbox"/> |
| Wholesale/cash and carry <input type="checkbox"/> | Primary Producer - livestock <input type="checkbox"/> |
| Food manufacturing/processing <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 on _____

Signature of food business operator _____

Date _____

Name _____

(BLOCK CAPITALS)

Please return the completed form either by post to LB Hounslow, SMPP, Civic Centre, Lampton Road, Hounslow, TW3 4DN, by fax to 0208 583 5130 or by e:mail to foodsafety@hounslow.gov.uk

**AFTER THIS FORM HAS BEEN SUBMITTED,
FOOD BUSINESS OPERATORS MUST**