

# East Cambridgeshire District Council

The Grange, Nutholt Lane, Ely, Cambridgeshire CB7 4EE  
Tel: 01353 665555



## 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 East Cambridgeshire District Council for guidance.

1. **Address of establishment** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_  
(or address at which moveable establishment is kept)

**Telephone no:** \_\_\_\_\_

2. **Trading name of food business** \_\_\_\_\_

3. **Full Name and Address of food business operator(s)** \_\_\_\_\_  
(or Limited company where relevant)

\_\_\_\_\_ **Post Code** \_\_\_\_\_

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

\_\_\_\_\_  
**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 Packer	<input type="checkbox"/>
Hotel/pub/guest house	<input type="checkbox"/>	Moveable establishment e.g. ice cream van	<input type="checkbox"/>
Private house used for a food business	<input type="checkbox"/>	Primary producer – livestock	<input type="checkbox"/>
Wholesale/cash and carry	<input type="checkbox"/>	Primary producer – arable	<input type="checkbox"/>
Food Broker	<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)

**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.**