

# APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

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 the Environmental Health Commercial Section, Derbyshire Dales District Council, Community Services, Town Hall, MATLOCK, DE4 3NN, Tel. 01629 761212 for guidance.

## 1. Address of establishment

(or address at which moveable establishment is kept)

PostCode

## 2. Name of food business

(trading name)

Telephone No.

## 3. Full Name of food business operator

## 4. Address of Food Business Operator

Post Code

Telephone No.

E-Mail

## 5. Type of food business (Please tick ALL the boxes that apply):

Farm Shop

Food manufacturing/processing

Packer

Importer

Wholesale/cash and carry

Distribution/warehousing

Retailer

Restaurant/café/snack bar

Market

Seasonal Slaughterer

Staff restaurant/canteen/kitchen

Catering

Hospital/residential home/school

Hotel/pub/guest house

Private house used for a food business

Moveable establishment e.g. ice cream van

Market stall

Food Broker

Takeaway

Other (Please give details):  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Type of Business:

Sole Trader

Partnership

Limited Company

Other (Please give Details)

\_\_\_\_\_  
\_\_\_\_\_

(If Limited Company, please  
complete 7. below)

## 7. Limited Company Name

Company No.

Registered Office Address

Post Code

## 8. Number of vehicles or stalls kept at, or used from, the food business establishment and used for the purposes of preparing, selling or transporting food:

5 or less

6-10

11-50

51 plus

## 9. Water Supplied to the Food Business Establishment

Public (Mains) Supply

Private Supply

## 10. Full Name of manager (if different from operator)

## 11. If this is a new business

Date you intend to open

## 12. If this is a seasonal business

Period during which you intend to be open each year

## 13. Number of people engaged in food business 0-10

11-50

51 plus

(Please tick one box)

Count part-time worker(s) (25 hrs per week or less)  
as one-half

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 ENVIRONMENTAL HEALTH COMMERCIAL SECTION, DERBYSHIRE DALES DISTRICT COUNCIL, TOWN HALL, MATLOCK, DE4 3NN AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.**