

APPLICATION FORM FOR REGISTRATION OF FOOD PREMISES

1 Address of premises _____
(or address at which moveable premises are kept)

Post code _____

2 Name of food business _____ **Telephone number** _____
(trading name)

3 Type of premises Please tick ALL the boxes that apply

- | | | | |
|-------------------------------|--------------------------|---|--------------------------|
| Farm/smallholding | <input type="checkbox"/> | Staff restaurant/canteen/kitchen | <input type="checkbox"/> |
| Food manufacturing/processing | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Slaughterer | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Packer | <input type="checkbox"/> | Hotel/pub/guest house | <input type="checkbox"/> |
| Importer | <input type="checkbox"/> | Private house used for a food business | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Premises used by a number of businesses | <input type="checkbox"/> |
| Distribution/warehousing | <input type="checkbox"/> | Moveable premises | <input type="checkbox"/> |
| Retailer | <input type="checkbox"/> | | |
| Market | <input type="checkbox"/> | Other: please give details _____ | |
| Restaurant/café/snack bar | <input type="checkbox"/> | | |

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

- | | | | |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| Chilled foods | <input type="checkbox"/> | Alcoholic drinks | <input type="checkbox"/> |
| Frozen foods | <input type="checkbox"/> | Canning | <input type="checkbox"/> |
| Fruit and vegetables | <input type="checkbox"/> | Vacuum packing | <input type="checkbox"/> |
| Fish/fish products | <input type="checkbox"/> | Bottling and other packing | <input type="checkbox"/> |
| Fresh/frozen meat | <input type="checkbox"/> | Table meals/snacks | <input type="checkbox"/> |
| Fresh/frozen poultry | <input type="checkbox"/> | Takeaway food | <input type="checkbox"/> |
| Meat products or delicatessen | <input type="checkbox"/> | Accommodation | <input type="checkbox"/> |
| Dairy products | <input type="checkbox"/> | Delivery service | <input type="checkbox"/> |
| Eggs | <input type="checkbox"/> | Chilled food storage | <input type="checkbox"/> |
| Bakery | <input type="checkbox"/> | Bulk storage | <input type="checkbox"/> |
| Sandwiches | <input type="checkbox"/> | Use of private water supply | <input type="checkbox"/> |
| Confectionery | <input type="checkbox"/> | Other: please give details _____ | |
| Ice cream | <input type="checkbox"/> | | |

5 Are vehicles or ships used for transporting food kept at or used from the premises? Yes/No
Are vehicles, stalls or ships used for preparing or selling food, kept at or used from the premises? Yes/No
Number of vehicles/stalls/ships kept at or used from the premises, and used for preparing, selling or transporting food.
5 or less 6-10 11-50 51 plus

6 Name(s) or proprietor(s) of food business _____

Address of business head office or registered office _____

If different from address of premises

Post code _____

7 Name of manager if different from proprietor _____

8 If this is a new business _____ **9 If this is a seasonal business** _____

Date you intend to open _____ Period during which you intend to be open each year

10 Number of people engaged in food business 0-10 11-50 51 plus (Please tick box)

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

The completed form should be sent to
Food and Safety Team, Hyndburn Borough Council
Willows Lane Depot, Willows Lane
Accrington, BB5 0RT

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It is an offence to give false or incomplete information

Signature _____

Date _____

Name _____

(BLOCK CAPITALS)

Position in company/business _____