



**WOKINGHAM
BOROUGH COUNCIL**

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 the Council for guidance.

1. **Address of establishment** _____ (or
address at which moveable establishment is kept)

Postcode _____

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)

Postcode _____

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	<input type="checkbox"/>
Hotel/pub/guest house	<input type="checkbox"/>	Packer	<input type="checkbox"/>
Private house used for a food business	<input type="checkbox"/>	Moveable establishment e.g. ice cream van	<input type="checkbox"/>
Wholesale/cash and carry	<input type="checkbox"/>	Primary producer - livestock	<input type="checkbox"/>
Food Broker	<input type="checkbox"/>	Primary producer - arable	<input type="checkbox"/>
Childminder	<input type="checkbox"/>		
Other (please give details):			

6. If this is a new business, the date you intend to start trading _____

7. The proposed days each week you propose to open [please tick] and the opening time for each day.

Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday
[] [] [] [] [] [] []

Signature of food business operator _____

If signing on behalf of Limited company,
please confirm your position and authority _____

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.

SEND TO:

ENVIRONMENTAL HEALTH

Wokingham Borough Council, Civic Offices, Shute End, Wokingham RG40 1BN

Phone 0118 974 6000

Email: environmental.health@wokingham.gov.uk