

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 at least 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 **Renfrewshire Council** for guidance.

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

Post Code: _____

2] **Name of food business:** _____ **Telephone No:** _____
(trading name)

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):

Food manufacturing/processing	<input type="checkbox"/>	Catering	<input type="checkbox"/>
Packer	<input type="checkbox"/>	Hospital/residential home/school	<input type="checkbox"/>
Importer	<input type="checkbox"/>	Hotel/pub/guest house	<input type="checkbox"/>
Wholesale/cash and carry	<input type="checkbox"/>	Private house used for a food business	<input type="checkbox"/>
Distribution/warehousing	<input type="checkbox"/>	Moveable establishment e.g. ice cream van	<input type="checkbox"/>
Retailer	<input type="checkbox"/>	Market stall	<input type="checkbox"/>
Restaurant/cafe/snack bar	<input type="checkbox"/>	Food Broker	<input type="checkbox"/>
Market	<input type="checkbox"/>	Takeaway	<input type="checkbox"/>
Seasonal Slaughterer	<input type="checkbox"/>	Other (Please give details)	<input type="checkbox"/>

6] **Type of Business**

Farm Shop
Staff restaurant/canteen/kitchen
Sole Trader
Partnership
Limited Company
Other (Please give details)

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:** _____ 12] **If this is a seasonal business:** _____
(Date you intend to open) (Period during which you intend to 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.)

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGE TO THE ACTIVITIES STATED ABOVE TO RENFREWSHIRE COUNCIL IMMEDIATELY.

Signature of Food Business Operator: _____

Date: _____

Name: _____
(Block Capitals)

Return completed form to:

Director of Environmental Services
Renfrewshire Council
Renfrewshire House
Cotton Street
Paisley PA1 1BR