Kingston upon Hull City 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 Kingston upon Hull City Council for guidance.

1. Address of establishment ________________________________
(or address at which moveable establishment is kept) Post code

2. Trading name of food business

Telephone no. ___________________________ Mobile no. ___________________________
E-mail _________________________________

3. Name of food business operator(s) (include Limited Company name & number where relevant)

4. Head Office/Registered address of food business operator

Telephone no. ___________________________ E-mail _________________________________
Post code ______________________________

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

Staff restaurant/canteen/kitchen □ Hospital/residential home/school □
Retailer (including farm shop) □ Distribution/warehousing □
Restaurant/café/snack bar □ Food manufacturing/processing □
Market/ Market stall □ Importer □
Takeaway □ Catering □
Hotel/pub/guest house □ Packer □
Private house used for a food business □ Moveable establishment e.g. ice cream van □
Wholesale/cash and carry □ Primary producer - livestock □
Food Broker □ Primary producer - arable □
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) __________________________________________________________

Designation/Position within the business:

Please return this form to:

Kingston upon Hull City Council
Environmental Health (Food)
33 Witham
Hull
HU9 1DB

Tel: 01482 300300 Fax: 01482 615572
Email: foodandhealth&safety@hullcc.gov.uk

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.