

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 Food Team (0121 704 8018) for guidance.

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

2. **Trading Name of food business** _____
Telephone No. _____ **E-mail** _____

3. **Full Name of food business operator** _____
(or Limited company where relevant)

4. **Home Address of food business operator or Head Office Address if limited company** _____
_____ **Post Code** _____

Telephone No. _____ **E-Mail** _____

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

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| Staff restaurant/canteen/kitchen | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Retailer | <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 (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"/> |

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)

Additional Information

7. **Days & times of opening (please give details)** _____

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY SIGNIFICANT CHANGES IN ACTIVITIES TO THE ACTIVITIES STATED ABOVE (INCLUDING CLOSURE) TO SOLIHULL MBC AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

The completed form should be sent to:

Neighbourhoods & Regulatory Services
Solihull Metropolitan Borough Council
SMBC Central Depot- Block F
Moat Lane
Solihull, B91 2LW
pprotection@solihull.gov.uk
Tel: 0121 704 8018