



West Lindsey District Council

Registration of 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 submitted to the relevant competent 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 Food Safety Team at West Lindsey District Council for guidance.

1. **Address of Establishment:** _____
(or address at which moveable premises kept)

_____ **Postcode** _____

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)

- | | | | |
|-----------------------------------|--------------------------|---|--------------------------|
| Farm Shop | <input type="checkbox"/> | Staff Restaurant/Canteen/Kitchen | <input type="checkbox"/> |
| Food Manufacturing/Processing | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Packer | <input type="checkbox"/> | Hospital/Residential Home/School/Nursery | <input type="checkbox"/> |
| Community/Church/Village Hall | <input type="checkbox"/> | Public House/Hotel/Guest House/B&B | <input type="checkbox"/> |
| Wholesale/Cash & Carry | <input type="checkbox"/> | Private House (used for a food business) | <input type="checkbox"/> |
| Importer/Distribution/Warehousing | <input type="checkbox"/> | Moveable establishment i.e. Ice Cream Van | <input type="checkbox"/> |
| Retailer | <input type="checkbox"/> | Social/Sports Club | <input type="checkbox"/> |
| Restaurant/Café/Snack Bar | <input type="checkbox"/> | Food Broker | <input type="checkbox"/> |
| Market/Market Stall | <input type="checkbox"/> | Takeaway | <input type="checkbox"/> |
| Seasonal Slaughterer | <input type="checkbox"/> | Other (please give details): _____ | |

6. **If this is a new business – the date you intend to open is:** _____

Signature of Food Business Operator:

Date

Name

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGES TO THE ACTIVITIES STATED ABOVE TO PUBLIC PROTECTION SERVICES, WEST LINDSEY DISTRICT COUNCIL, AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

West Lindsey District Council

Please return completed form to:

Public Protection Services (Food Safety Team) at the address below.

Food.HealthandSafety@west-lindsey.gov.uk

Further information:

<https://www.west-lindsey.gov.uk/my-business/food-health-and-safety/food-safety-for-businesses/>

For advice about starting a new food business, go to the following website:

www.food.gov.uk/business-guidance

If you would like a copy of this document in large, clear print, audio, braille or in another language, please telephone:

01427 676676

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www.west-lindsey.gov.uk

