



**APPLICATION FOR THE REGISTRATION OF  
FOOD BUSINESS ESTABLISHMENT**

Issued by:

INTERNET

(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 Suffolk Coastal District Council 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 Suffolk Coastal District Council at the address below for guidance.

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

\_\_\_\_\_ **Post code** \_\_\_\_\_

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)

\_\_\_\_\_ **Post code** \_\_\_\_\_

**Telephone no.** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> 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"/> 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)

The completed form should be sent to:

Food and Safety Team  
Suffolk Coastal District Council  
Melton Hill  
Woodbridge IP12 1AU  
Tel: (01394) 444357  
Fax: (01394) 444359

**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 & SAFETY TEAM  
AND SHOULD DO SO WITHIN 28 DAYS OF  
THE CHANGE(S) HAPPENING.**

|                      |                      |                          |
|----------------------|----------------------|--------------------------|
| For office use only: | Date entered _____   | Officer's Initials _____ |
|                      | Date completed _____ | Officer's Initials _____ |