

APPLICATION FORM 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 submitted to 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 **Perth & Kinross Council** for guidance. **PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.**

1. **Name of Food Business** (Trading Name) _____

2. **Address of establishment** (or address at which moveable establishment is kept): _____

Post Code _____ **Telephone No:** _____

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 | <input type="checkbox"/> |
| Importer | <input type="checkbox"/> | Hotel/Public House - Catering | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Hotel/Public House – No Catering | <input type="checkbox"/> |
| Distribution/warehousing | <input type="checkbox"/> | Private house used for a food business | <input type="checkbox"/> |
| Retailer | <input type="checkbox"/> | Moveable establishment e.g. ice cream van | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Market stall | <input type="checkbox"/> |
| Exporter | <input type="checkbox"/> | Food Broker | <input type="checkbox"/> |
| Head Office only | <input type="checkbox"/> | Takeaway | <input type="checkbox"/> |
| Guest House/Bed & Breakfast | <input type="checkbox"/> | Market | <input type="checkbox"/> |
| Childminder | <input type="checkbox"/> | Supported Living | <input type="checkbox"/> |
| Seasonal Slaughter | <input type="checkbox"/> | Other (please give details below): | <input type="checkbox"/> |

6. **Type of Business:**

- | | |
|--|--------------------------|
| Sole Trader | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Limited Company | <input type="checkbox"/> |
| Other (please give details below): | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| (If Limited Company, please Complete 7. below) | |

7. **Limited Company Name** _____ **Company No** _____

Registered Office Address _____

8. **Is this a New Business?** Yes / No **If yes, date you intend to open** _____

9. **Is this a Seasonal Business?** Yes / No **If yes, dates of operation** _____

10. **Water Supplied to Food Business Establishment** Public (Mains) Supply Private Supply

11. **Operating days/hours of the business** _____

Signature of Food Business Operator _____

Date _____

Name _____
(BLOCK CAPITALS)

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGES TO THE ACTIVITIES STATED ABOVE TO PERTH & KINROSS COUNCIL AND SHOULD DO SO WITHIN 28 DAYS OF THE

This form should be submitted to:
Perth & Kinross Council, Housing & Environment, Pullar House, 35 Kinnoull Street, Perth, PH1 5GD
Telephone Number: 01738 476476

The information provided by you will be used by Perth & Kinross Council to fulfil our statutory obligations with respect to compliance with Food Law Enforcement in accordance with relevant legislation and also compliance with the Food Law Code of Practice.

The information will be shared with Food Standards Scotland.

The information may be shared with other Regulators in line with the principles of the Scottish Regulators Strategic Code of Practice for compliance and risk mitigation purposes. This is limited to circumstances where the law allows such sharing of information by regulators with common interests or activities.

The information may also be shared with the NHS for relevant investigations for the purposes of ensuring public health.

If your business is served by a Private Water Supply, this information will be shared with Perth & Kinross Councils Private Water Supply Team.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website www.pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk or phone 01738 477933.

For Office Use Only			
FLRS – Tick box that applies:			
Group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>