

# 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 commercial services team on 020 8753 1081 for guidance.

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

Postcode:

**2. Trading name of food business**

Telephone:

**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)

Postcode:

Telephone:

Email:

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

- |   |  |
|---|--|
| <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/pub/guest house                     |
| <input type="checkbox"/> Wholesale/cash and carry         | <input type="checkbox"/> Private house used for a food business    |
| <input type="checkbox"/> Distribution/warehousing         | <input type="checkbox"/> Moveable establishment e.g. ice cream van |
| <input type="checkbox"/> Retailer (including farm shop)   | <input type="checkbox"/> Food Broker                               |
| <input type="checkbox"/> Restaurant/café/snack bar        | <input type="checkbox"/> Takeaway                                  |
| <input type="checkbox"/> Market/marketstall               | <input type="checkbox"/> Primary producer - livestock              |
| <input type="checkbox"/> Seasonal slaughterer             | <input type="checkbox"/> Other (please give details)               |
| <input type="checkbox"/> Staff restaurant/canteen/kitchen | _____  |

If this is a new business, the date  
you intend to open: \_\_\_\_\_

Signature of food business operator:

Date:

Name: (BLOCK CAPITALS)

**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.**

**Commercial Services team, Public Protection & Safety Division, Environment Department,  
Hammersmith & Fulham Council, 5th Floor, Town Hall Extension, King Street, Hammersmith,  
London, W6 9JU**