



Application Form for the Registration of a Food Business Establishment

(Ref: E.C. Regulation 852/2004 – Article 6 (2))

This form **must** be completed by food business operators in respect of new food business establishments and submitted to Aberdeenshire Council Environmental Health Service **28 days before commencing food operations**.

Any person who in, or in connection with, the making of this application makes any statement which they know to be false shall be guilty of an offence and liable on conviction to a fine or imprisonment.

Data Protection – the information you have supplied will be used for the purpose for which you have provided it and any relevant procedures following from this. This data will be maintained in accordance with the Data Protection Act 1998 and will not be passed on or sold to any other organisation without your prior approval unless this is a legal requirement.

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 Aberdeenshire Council Environmental Health Service for guidance.

1. **Name of food business** _____ **Telephone No.** _____
(trading name)

2. **Address of establishment** _____
(or address at which moveable premises are kept) _____ **Post Code** _____

3. **Full Name of Food Business Operator** _____

4. **Address of Food Business Operator** _____
_____ **Post Code** _____

Telephone No. _____ **E-mail** _____

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

- Farm/small holding/farm shop
- Food manufacturing/processing
- Packer
- Importer
- Wholesale/cash and carry
- Distribution/warehousing
- Retailer
- Restaurant/café/snack bar
- Market
- Seasonal slaughterer

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- Staff restaurant/canteen/kitchen
- Catering
- Hospital/care home/school
- Hotel/pub/guest house
- Private house used for food business
- Moveable premises (e.g. ice cream van)
- Market Stall
- Food Broker
- Takeaway
- Other(**please give details**)
- Use of Private Water Supply

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6.Type of Business

Sole Trader	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Limited Company	<input type="checkbox"/>
Other (Give details below)	<input type="checkbox"/>

(If Limited Company, please Complete 7. below)

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

Registered Office address _____
_____ **Postcode** _____

8. **Is this a new business?** _____
(Date you intend to open)

9. **If this is a seasonal business** _____
(Period of opening each year)

10. **Number of people engaged in food business** 0-10 11-50 51 plus (Please tick one box)
(Count part-time worker(s) (25 hrs per week or less) as one-half)

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 ABERDEENSHIRE COUNCIL AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE HAPPENING.