



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.*

Name of Food Business	Name of Food Business Operator	Name of Manager
..... Date of Birth Date of Birth
Address of Food Business	Address of Food Business Operator	Address of Registered Office
Telephone Number	Telephone Number	Telephone Number
E mail Address	E mail Address	E mail Address

Number of Vehicles Operated from business and Purpose: _____

Number of people engaged in food business 0-10 11-50 51 plus (Please tick one box)

Water Supply **Public Mains** **Private Supply**

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

If this is a seasonal business _____
(State period of opening each year)

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

Farm/small holding/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/care 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 food business	<input type="checkbox"/>
Distribution/warehousing	<input type="checkbox"/>	Moveable premises (e.g. ice cream van)	<input type="checkbox"/>
Retailer	<input type="checkbox"/>	Market Stall	<input type="checkbox"/>
Restaurant/café/snack bar	<input type="checkbox"/>	Food Broker	<input type="checkbox"/>
Market	<input type="checkbox"/>	Takeaway	<input type="checkbox"/>
Seasonal slaughterer	<input type="checkbox"/>	Other(please give details)	<input type="checkbox"/>

Type of Business: **Sole Trader** **Partnership** **Limited Company** **Other** _____

If Limited Company: **Name of Company** _____ **Company No.** _____

Name of Secretary _____

Signature of Food Business Operator _____ **Date** _____

Name (BLOCK CAPITALS) _____ **Position in Business** _____

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