Kingston upon Hull City Council
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 Kingston upon Hull City Council for guidance.

1. Address of establishment __________________________________________________________ Post code __________________
   (or address at which moveable establishment is kept)

2. Trading name of food business
   ____________________________________________________________________________

   Telephone no. __________________________ Mobile no. _____________________________
   E-mail __________________________________________________________

3. Name of food business operator(s) (include Limited Company name & number where relevant)
   ____________________________________________________________________________

4. Head Office/Registered address of food business operator
   ____________________________________________________________________________ Post code __________________

   Telephone no. __________________________ E-mail ________________________________

5. Type of food activity (Please tick ALL the boxes that apply):
   - Staff restaurant/canteen/kitchen □  - Hospital/residential home/school □
   - Retailer (including farm shop) □  - Distribution/warehousing □
   - Restaurant/café/snack bar □  - Food manufacturing/processing □
   - Market/ Market stall □  - Importer □
   - Takeaway □  - Catering □
   - Hotel/pub/guest house □  - Packer □
   - Private house used for a food business □  - Moveable establishment e.g. ice cream van □
   - Wholesale/cash and carry □  - Primary producer - livestock □
   - Food Broker □  - Primary producer - arable □
   - 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) ______________________________________________________
   Designation/Position within the business: ________________________________________

   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.

Please return this form to:
Kingston upon Hull City Council
Environmental Health (Food)
33 Witham
Hull
HU9 1DB
Tel: 01482 300300 Fax: 01482 615572
Email: foodandhealth&safety@hullcc.gov.uk

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