



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 (FBO's) in respect of new food business establishments and submitted to Torrige District Council 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 Torrige District Council for guidance.

1. Address of establishment (or address at which moveable establishment is kept)		
Post Code _____		
2. Name of Food Business (Trading Name)		
Telephone Number _____	Email _____	
3. Limited Company Name (if applicable)		Company N ^o _____
Registered address _____		
Post Code _____	Telephone number _____	Email _____
4. Full name of food business operator		
5. Name(s) of other operator(s)owner/co-owner(s) /director(s) /trustee(s) of food business:		
Surname	First Name	
Surname	First Name	
6. Address for correspondence if different than food business address/registered office address:		
Post Code _____	Telephone number _____	Email _____
Type of food business (Please tick ALL that apply):		
<input type="checkbox"/> Farm Shop	<input type="checkbox"/> Market	<input type="checkbox"/> Market stall
<input type="checkbox"/> Food manufacturing/processing	<input type="checkbox"/> Seasonal Slaughterer	<input type="checkbox"/> Food Broker
<input type="checkbox"/> Packer	<input type="checkbox"/> Staff restaurant/canteen/kitchen	<input type="checkbox"/> Takeaway
<input type="checkbox"/> Importer	<input type="checkbox"/> Catering	<input type="checkbox"/> Other (Please give details):
<input type="checkbox"/> Wholesale/cash and carry	<input type="checkbox"/> Hospital/residential home/school	
<input type="checkbox"/> Distribution/warehousing	<input type="checkbox"/> Hotel/pub/guest house	
<input type="checkbox"/> Retailer	<input type="checkbox"/> Private house used for a food business	
<input type="checkbox"/> Restaurant/café/snack bar	<input type="checkbox"/> Moveable establishment e.g. ice cream van	
8. Number of vehicles or stalls kept at, or used from, the food business establishment and used for the purposes of preparing, selling or transporting food: 5 or less <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51 plus <input type="checkbox"/>		
9. Water Supplied to the Food Business Establishment Public (Mains) Supply <input type="checkbox"/> Private Supply <input type="checkbox"/>		
10. Full Name of manager (if different from operator)		
11. Date business opened or If this is a new business date you intend to open		
12. If this is a seasonal business (Period during which you intend to be open each year)		
13. Hours and Days of opening		
14. Number of people engaged in food business 0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51 plus <input type="checkbox"/> (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 significant change in activities stated above (including closure) to the food authority and should do so within 28 days of the change(s) happening.

Additional Information

a) Do you have any training in food safety? YES NO

b) If so, what and when did you do it? _____

c) Please could you describe the food business in the space below:

d) Will you be handling and/or preparing open (unwrapped) foods? YES NO

e) Will you be handling and/or preparing ready to eat foods AND raw meats or eggs? YES NO

f) Do you intend to sell age sensitive products such as alcohol or cigarettes? YES NO

If yes, please give details:

g) If you intend to manufacture and / or pack food products, will you be marking these products with volumes or weights?

Volume: YES NO Weight: YES NO

h) Will you be using measuring equipment to serve foodstuffs such as optics or scales?

Optics: YES NO Scales: YES NO

Please send completed forms to:

Torrige District Council, Food and Safety Team, Riverbank House, Bideford, Devon EX39 2QG
foodandsafety@torridge.gov.uk 01237 428809

How we will use your personal information

Torrige District Council will use the information provided for official food control interventions. We may also use the information for other purposes set out in the Council's Privacy Notice which could include, for crime prevention or to assist in providing you with other services.

Privacy Notice

Torrige District Council collects stores and processes your personal information in accordance with the requirements of the General Data Protection Regulation (Regulation (EU) 2016/679) and Data Protection Act 2018.

Our lawful basis has been determined as:

Legal obligation – in relation to personal data

Personal information provided on this form may be shared with other council services to enable us to provide this service.

Personal information provided on this form may be shared with third parties where we are legally obliged to do so, or where this is necessary to enable us to provide the service requested.

To view our full privacy policy including information on your rights, how to contact the Data Protection Officer, data retention information, more detail on information sharing and how to provide feedback or make a complaint, please see the privacy pages of our website

Website: <http://www.torridge.gov.uk/privacypolicy/>

Alternatively, a full copy of our privacy policy can be viewed at our main office or a copy can be requested by writing to the Data Protection Officer at Riverbank House, Bideford, Devon, EX39 2QG.