Application Form for the Registration of a Food Business Establishment

This form should be completed by food business operators in respect of new food business establishments and submitted to the relevant competent 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 Thanet District Council for guidance.

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

_____ **Post Code** _____

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

3. **Full Name of food business operator** _____

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

_____ **Post Code** _____

Telephone No. _____ **E-Mail** _____

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

Farm Shop	☐	Staff restaurant/canteen/kitchen	☐
Food manufacturing/processing	☐	Catering	☐
Packer	☐	Hospital/residential home/school	☐
Importer	☐	Hotel/pub/guest house	☐
Wholesale/cash and carry	☐	Private house used for a food business	☐
Distribution/warehousing	☐	Moveable establishment e.g. ice cream van	☐
Retailer	☐	Market stall	☐
Restaurant/café/snack bar	☐	Food broker	☐
Market	☐	Takeaway	☐
Seasonal Slaughterer	☐	Other (**please give details)**:	

_____

_____

6. **Type of Business**

Sole Trader	☐
Partnership	☐
Limited Company	☐

Other (**please give details**)

_____

_____

(If Limited Company, please complete 7. below)

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

Registered Office Address _____

_____ **Post Code** _____

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 ☐ **6-10** ☐ **11-50** ☐ **51 plus** ☐

9. **Water Supplied to the Food Business Establishment.** **Public (Mains) Supply** ☐ **Private Supply** ☐

10. **Full Name of manager (if different from operator)** _____

11. **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. **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)

Thanet District Council
PO Box 9
Cecil Street
Margate
Kent CT9 1XZ

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGES TO THE ACTIVITIES STATED ABOVE TO THANET DISTRICT COUNCIL AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING