

Application Form for Registration of a Food Business Establishment

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 <input type="checkbox"/> | Food manufacturing/processing <input type="checkbox"/> |
| Packer <input type="checkbox"/> | Private house used for a food business <input type="checkbox"/> |
| Importer <input type="checkbox"/> | Moveable establishment e.g. ice cream van <input type="checkbox"/> |
| Wholesale / cash and carry <input type="checkbox"/> | Hospital / residential home / school / nursery <input type="checkbox"/> |
| Distribution/warehousing <input type="checkbox"/> | Staff restaurant/canteen/kitchen <input type="checkbox"/> |
| Retailer <input type="checkbox"/> | Restaurant/café/snack bar <input type="checkbox"/> |
| Catering <input type="checkbox"/> | Hotel/pub/guest house <input type="checkbox"/> |
| Food Broker <input type="checkbox"/> | Takeaway <input type="checkbox"/> |
| Market Stall <input type="checkbox"/> | Church Hall / Community Centre <input type="checkbox"/> |
| Seasonal Slaughterer <input type="checkbox"/> | Childminder <input type="checkbox"/> |
| Other (Please give details): _____ | |

6. **Food Handling Activities : Does your business handle or involve any of the following?**
(Tick all that apply)

- | | |
|---|--|
| Chilled foods <input type="checkbox"/> | Alcoholic drinks <input type="checkbox"/> |
| Frozen foods <input type="checkbox"/> | Canning <input type="checkbox"/> |
| Fruit and Veg <input type="checkbox"/> | Vacuum packing <input type="checkbox"/> |
| Fish / fish products <input type="checkbox"/> | Bottling and other packing <input type="checkbox"/> |
| Fresh / frozen meat <input type="checkbox"/> | Table meals / snacks <input type="checkbox"/> |
| Fresh / frozen poultry <input type="checkbox"/> | Takeaway foods <input type="checkbox"/> |
| Cooked meat / delicatessen <input type="checkbox"/> | Delivery service <input type="checkbox"/> |
| Sandwiches <input type="checkbox"/> | Internet sales <input type="checkbox"/> |
| Dairy products <input type="checkbox"/> | Bulk storage (ambient) <input type="checkbox"/> |
| Eggs <input type="checkbox"/> | Bulk storage (chilled / frozen) <input type="checkbox"/> |
| Ice Cream <input type="checkbox"/> | |
| Confectionery <input type="checkbox"/> | |

7. **Status of Business:** Sole Trader Partnership Limited Company (*complete 8. Below*)

Other (Please give Details) _____

8. **Limited Company Name** _____ **Company No.** _____

Registered Office Address _____

_____ **Post Code** _____

9. 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

10. Water Supplied to the Food Business Establishment: Public (Mains) Supply Private Supply

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

12. If this is a new business _____ 13. If this is a seasonal business _____
Date you intend to open. Period during which you intend to be open each year

14. 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 _____

Name _____ Date _____
(BLOCK CAPITALS)

Position in company / business _____

**PLEASE RETURN COMPLETED FORMS TO:
LANCASTER CITY COUNCIL, ENVIRONMENTAL HEALTH SERVICES, TOWN HALL,
MORECAMBE, LA4 5AF**

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

For help / advice regarding completing this form ring Environmental Health Service (01524) 582936 between 09.00am & 5.00pm Mon-Fri.

For office use only:

Input on Flare Copy to TSO Food Officer Notified