

Please send completed form to: -

Food & Safety Team
135 Milton Park
Abingdon
Oxfordshire
OX14 4SB



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 this department on (01235) 540555 for guidance.

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

2. **Trading name of food business** _____

3. **Telephone no.** _____ **E-mail** _____

4. **Full Name of food business operator(s)** _____
(or Limited company and number where relevant)

5. **Home address or Head Office address of food business operator** _____
(where different from address of establishment) _____ **Postcode** _____

Telephone no. _____ **E-mail** _____

6. **Type of food activity** (Please tick ALL the boxes that apply):

- | | | | |
|--|--------------------------|---|--------------------------|
| Staff restaurant/canteen/kitchen | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Retailer (including farm shop) | <input type="checkbox"/> | Distribution/warehousing | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Food manufacturing/processing | <input type="checkbox"/> |
| Market/ Market stall | <input type="checkbox"/> | Importer | <input type="checkbox"/> |
| Takeaway | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Hotel/pub/guest house | <input type="checkbox"/> | Packer | <input type="checkbox"/> |
| Private house used for a food business | <input type="checkbox"/> | Moveable establishment e.g. ice cream van | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Primary producer - livestock | <input type="checkbox"/> |
| Food Broker | <input type="checkbox"/> | Primary producer - arable | <input type="checkbox"/> |

Other (please give details) _____

7. **Brief description of the food business:** _____

8. **If this is a new business, the date you intend to open** _____

9. **Operating days and times** _____

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 TO THE ACTIVITIES STATED ABOVE (INCLUDING CLOSURE) TO THE FOOD AUTHORITY AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

Enhanced registration questions for new food businesses

Food Safety Practices

Which type of documented food safety management system will you be using? (tick all that apply)

- Safer Food Better Business
- Company procedures
- I have written my own HACCP procedures
- Temperature monitoring records, including fridge, freezer and cooking temperatures
- I haven't thought about this yet

What level of experience and food hygiene training have you and any food handlers received? (tick all that apply)

- Level 2 Food Hygiene Training in the last three years
- Level 2 Food Hygiene Training over three years ago
- Level 3
- Online
- Face to face
- I haven't got any training

Do your disinfectants / sanitisers comply with the British Standard for food areas i.e. BS1276 or BS13697?

- Yes
- No
- I don't know

Will you be carrying out any of these processes? (tick all that apply)

- Sous Vide
- Vacuum Packing
- Hot Smoking
- Cold Smoking
- Raw egg dishes (such as mayonnaise, mousse, tiramisu, royal icing)
- Raw/rare meat dishes (such as carpaccio, tartare or pink burgers)
- Other _____
- None

What system do you have for allergen management? (tick all that apply)

- Records of allergens in each dish
- Signpost consumers to allergen information
- Allergen information on the menu
- I haven't thought about this yet

Do you have the following? (tick all that apply)

- Wash hand basin in food preparation areas, supplied with soap, hot water and hygienic drying facilities
- Wall structure which is smooth, impervious and easy to clean
- Flooring which is smooth, impervious and easy to clean
- Ceilings which prevent mould growth and shedding of particles
- No gaps/holes in structure which could allow access to pests
- Suitable separation in storage to prevent cross contamination from raw to ready to eat foods
- Suitable separation during preparation to prevent cross contamination from raw to ready to eat foods
- Trade waste contract for all waste including recycling, general waste and waste oil