

Application 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 food authority at least **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 Renfrewshire Council for guidance.

DETAILS OF ESTABLISHMENT

Address of establishment
(or address at which
moveable establishment
is kept)

Post Code

Name of Food Business

Telephone number

e-mail address

APPLICANT DETAILS

Full name of food business
operator

Address of food business
operator

Post code

Telephone

e-mail address

TYPE OF FOOD BUSINESS (Please tick ALL the boxes that apply)

- | | | |
|---------------------------------------|---|---|
| Packer <input type="checkbox"/> | Catering <input type="checkbox"/> | Hospital/residential home/school <input type="checkbox"/> |
| Importer <input type="checkbox"/> | Hotel/pub/guest house <input type="checkbox"/> | Food manufacturing/processing <input type="checkbox"/> |
| Retailer <input type="checkbox"/> | Distribution/warehouse <input type="checkbox"/> | Private house used for business <input type="checkbox"/> |
| Market stall <input type="checkbox"/> | Wholesale/cash and carry <input type="checkbox"/> | Moveable establishment (eg. ice cream van) <input type="checkbox"/> |
| Market <input type="checkbox"/> | Food Broker <input type="checkbox"/> | Restaurant/cafe/snack bar <input type="checkbox"/> |
| Takeaway <input type="checkbox"/> | Seasonal Slaughterer <input type="checkbox"/> | Other (please detail below) <input type="checkbox"/> |

TYPE OF BUSINESS

Farm shop

Sole trader

Staff restaurant/canteen/kitchen

Partnership

Limited company

Other (please detail below)

COMPANY DETAILS

Limited company name

Company number

Registered address

Post code

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 of less

6 to 10

11 to 50

51+

WATER SUPPLIED TO THE FOOD BUSINESS ESTABLISHMENT

Public (mains) supply

Private supply

FURTHER DETAILS

Full name manager

New business? Date of opening

Seasonal business? Period(s)
during which you intend to
open each year

NUMBER OF PEOPLE ENGAGED IN FOOD BUSINESS (Please tick one box only)

(Count part time worker(s) (25 hrs per week or less) as one half)

0 to 10

11 to 50

51+

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY CHANGE TO THE ACTIVITIES STATED ABOVE TO RENFREWSHIRE COUNCIL IMMEDIATELY

Signature of applicant

(If applying online you may type your name)

Date

Please post this application to:

Renfrewshire Council, Business Regulation,
Community Resources, Renfrewshire House,
Paisley PA1 1BR

Or submit by email if completing online:

Save a copy then attach to an email to:

b-serv.es@renfrewshire.gov.uk

Please direct any questions or comments about this form to:

Business Regulation Community Resources

Telephone: 0300 300 0380 email: b-serv.es@renfrewshire.gov.uk