



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 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 Stockton-on-Tees Borough Council, 16 Church Rd Stockton-on-Tees TS18 1XD Tel 01642 526574 for guidance.

Food Business Establishment		Food Business Operator	
Trading Name		Name	Title Forename(s) Surname
Address		Address	
Post Code		Post Code	
Telephone No		Telephone No	
Mobile No		Mobile No	
E Mail		E Mail	

Type of food business (Please tick ALL boxes that apply):

<input type="checkbox"/> Food manufacturing / processing	<input type="checkbox"/> Restaurant / café / snack bar	<input type="checkbox"/> Private House used for a food business
<input type="checkbox"/> Packer	<input type="checkbox"/> Market/Market Stall	<input type="checkbox"/> Moveable establishment e.g ice cream van
<input type="checkbox"/> Importer	<input type="checkbox"/> Staff restaurant / canteen / kitchen	<input type="checkbox"/> Primary Producer - Livestock
<input type="checkbox"/> Wholesale / cash and carry	<input type="checkbox"/> Catering	<input type="checkbox"/> Primary Producer – Arable
<input type="checkbox"/> Distribution / warehousing	<input type="checkbox"/> Hospital / residential home / school	<input type="checkbox"/> Other (Please give details)
<input type="checkbox"/> Retailer (including farm shop)	<input type="checkbox"/> Hotel / pub / guest house	

Type of Business

Sole trader
 Partnership
 Limited Company
 Other (Please give details)
(If Limited Company, please give complete below)

Limited Company Name **Company Number**
Registered Office Address **Post Code**

Vehicles

<input type="checkbox"/> Vehicles for Transporting Food	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 11 - 50
<input type="checkbox"/> Vehicles for Preparing / Selling Food	<input type="checkbox"/> 6 - 10	<input type="checkbox"/> 51 +

Other Information:

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

Full Name of Manager: Title Forename(s) Surname

If this is a new business date you intend to open

Seasonal Opening – period during which you intend to be open each year

Number of people engaged in food business
 0 - 10
 11 - 50
Count part time worker(s) (25 hrs per week or less) as one-half
 51 + (Please tick one)

Signature of Food Business Operator:

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Date:
Name:
 (BLOCK CAPITALS)

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