

Place
Business Strategy and Regulation



Director of Business Strategy Environment & Regulation: Mick Crofts

Food Safety Team

5th Floor (North), Howden House

1 Union St • Sheffield • S1 2SH

Email: healthprotection@sheffield.gov.uk

**Left by Officer
on Visit**

Officer: _____
Date: _____

Officer: Mrs J Marshall

Ref: Food Registration Form vDec 2017

Tel: 0114 273 5774 or 273 4415

Date: As Postmark

IT IS IMPORTANT THAT YOU READ THIS LETTER

Dear Sir/Madam

**Application for the Registration of a Food Business Establishment
(Regulation (EC) No 852/2004 on the Hygiene of Foodstuffs, Article 6(2))**

The above regulations require all food businesses to register with their Local Authority. Anyone starting a new food business must register at least 28 days before opening. Registration is free. The registration form can be found on the reverse of this letter. Once your form is complete, please sign and return it to the address shown above. You are allowed to commence trading once your form has been submitted, it is not necessary for you to await an inspection. The Regulations also require that you notify us of any changes to your registration such as, change of ownership, change of business name or address, change to the nature of the business or closure of the business.

It is an offence to operate unregistered food premises and it is your responsibility to ensure that your business is registered.

High risk food businesses (such as caterers, cafes, restaurants, takeaways etc.) will be inspected on a regular basis. Low risk businesses (such as corner shops) may be visited less frequently or be required to complete a self-assessment form instead of being visited. Once your business has received an inspection it will be given a Food Hygiene Rating. In the meantime, if you would like to request an 'awaiting inspection' window sticker, please contact the service using the above contact details.

Business Sheffield has free assistance for small and early stage businesses with advisor support, an extensive workshop programme, sales and marketing expertise, accountancy and legal drop in sessions. To find out more or book on a session, contact Business Sheffield on 0114 224 5000 or email businesssheffield@sheffield.gov.uk

Yours faithfully

Mrs Jennifer Marshall
Acting Principal Officer

Fair Processing Notice: The information you supply in support of your registration application will be used by the Sheffield City Council to confirm ownership and maintain an up-to-date database of registered premises. The City Council considers that certain parts of the information are public and may be disclosed to anyone.

Large print versions of this letter are
available by telephoning
0114 273 4415 or 273 5774

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 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 the Health Protection Service on (0114) 2735774 for guidance.

1. **Address of establishment:** _____
(Or address at which moveable establishment is kept) **Postcode:** _____

2. **Name of food business** (Trading name): _____

Telephone no: _____ **Email:** _____

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

4. **Home Address of food business operator (If Limited Company fill in (9) below):** _____

Postcode: _____

Telephone no: _____ **Email:** _____

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

6. **Type of business:**

<input type="checkbox"/> Farm Shop <input type="checkbox"/> Food manufacturing/processing <input type="checkbox"/> Packer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesale/cash and carry <input type="checkbox"/> Distribution/warehousing <input type="checkbox"/> Retailer <input type="checkbox"/> Restaurant/café/snack bar <input type="checkbox"/> Market <input type="checkbox"/> Seasonal Slaughterer <input type="checkbox"/> Staff restaurant/canteen/kitchen	<input type="checkbox"/> Catering <input type="checkbox"/> Hospital/residential home/school <input type="checkbox"/> Hotel/pub/guest house <input type="checkbox"/> Private house used for a food business <input type="checkbox"/> Moveable establishment <input type="checkbox"/> Market Stall <input type="checkbox"/> Food Broker <input type="checkbox"/> Takeaway <input type="checkbox"/> Other (please give details): _____	<input type="checkbox"/> Chilled foods <input type="checkbox"/> Frozen foods <input type="checkbox"/> Fruit & Vegetables <input type="checkbox"/> Fish/fish products <input type="checkbox"/> Fresh/frozen meat <input type="checkbox"/> Fresh/frozen poultry <input type="checkbox"/> Meat products or delicatessen <input type="checkbox"/> Dairy products	<input type="checkbox"/> Eggs <input type="checkbox"/> Bakery <input type="checkbox"/> Sandwiches <input type="checkbox"/> Confectionery <input type="checkbox"/> Table meals/snacks <input type="checkbox"/> Delivery service <input type="checkbox"/> Bulk chilled food storage <input type="checkbox"/> Other: _____
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7. **Type of business:**

8. **Does your business involve any of the following processes**

<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company	<input type="checkbox"/> Other (please give details) _____ (If Limited Company, please Complete 9. below)	<input type="checkbox"/> Canning <input type="checkbox"/> Vacuum packing <input type="checkbox"/> Bottling	<input type="checkbox"/> Other packaging <input type="checkbox"/> Other: please give details _____
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9. **Limited company name:** _____ **Company no:** _____

Registered Office address: _____

Postcode: _____

Telephone no: _____ **Email:** _____

10. **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:**

None 1-5 6-10 11-50 51 plus

11. **Water supplied to the food business establishment:** Public (mains) supply Private supply

12. **Full name of manager (if different from operator):** _____

13. **Date you intend to open/date opened:** _____ 14. **If this is a seasonal business:** _____
(Period during which you intend to be open each year)

15. **Number of people engaged in food business:** 0-10 11-50 51 plus (**Please tick one box**)
Count part-time worker(s) as one half (working 25 hrs per week or less)

16. **Opening Hours:** _____

Signature of food business operator: _____

Date: _____

Name: _____
(BLOCK CAPITALS)

Position: _____

After this form has been submitted, Food Business Operators must notify any changes to the activities stated above, within 28 days to:

**Food Safety Team
5th Floor (North), Howden House
1 Union Street
Sheffield, S1 2SH.**