



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 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 South Lakeland District Council for guidance.

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

2. **Address of establishment** _____
(or address at which moveable establishment is kept)

Post code _____ **Telephone no(s).** _____

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

4. **Head Office address of food business operator** _____
(where different from address of establishment)

Post code _____

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

5. **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): _____

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

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

Signature: _____

Name: _____
(BLOCK CAPITALS)

Position: _____
(BLOCK CAPITALS)

Date: _____

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.

This Completed Form should be sent to:- Food and Safety Group, South Lakeland District Council, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD