

BALLYMENA BOROUGH COUNCIL

Regulation EC No. 852/2004 on Hygiene of Foodstuffs, Article 6(2)

APPLICATION FORM FOR REGISTRATION OF FOOD BUSINESS ESTABLISHMENT

This form should be completed by food business operators in respect of new food business establishments and received by the District Council 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 Ballymena Borough Council for guidance.

1. **Address of establishment** _____
(or address at which moveable premises are kept)

_____ **Post Code** _____

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

Telephone No. _____

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 business** (Please tick ALL the boxes that apply)

Wholesale/cash and carry
Food manufacturing/processing
Packer
Restaurant/café/snack bar
Wholesale/cash and carry
Distribution/warehousing
Retailer (inc farm shop)
Takeaway
Importer

<input type="checkbox"/>	Staff restaurant/canteen/kitchen	<input type="checkbox"/>
<input type="checkbox"/>	Catering	<input type="checkbox"/>
<input type="checkbox"/>	Hospital/residential home/school	<input type="checkbox"/>
<input type="checkbox"/>	Hotel/pub/guest house	<input type="checkbox"/>
<input type="checkbox"/>	Private house used for a food business	<input type="checkbox"/>
<input type="checkbox"/>	Moveable establishment e.g. ice cream van	<input type="checkbox"/>
<input type="checkbox"/>	Market/Market Stall	<input type="checkbox"/>
<input type="checkbox"/>	Food Broker	<input type="checkbox"/>

Other: please give details

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

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)