

# WOLVERHAMPTON CITY COUNCIL 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 Wolverhampton City Council for guidance.

1. Address of establishment \_\_\_\_\_  
(or address at which moveable establishment is 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. Name of Landlord \_\_\_\_\_ Telephone No. \_\_\_\_\_

6. 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 house used for a food business   | <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) \_\_\_\_\_

7. If this is a new business, the date you intend to open \_\_\_\_\_

Signature of Food Business Operator \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
(BLOCK CAPITALS)

THIS COMPLETED FORM SHOULD BE RETURNED TO:

Food & Environmental Safety Services  
Wolverhampton City Council  
Civic Centre  
St Peters Square  
Wolverhampton WV1 1DA

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

## NOTES ON REGISTRATION OF FOOD PREMISES

### What is registration?

- 1 Registration of premises used for a food business (including market stalls, delivery vehicles and other moveable structures) is required by law. Registration will allow local authorities to keep an up to date list of all those premises in their area so they can visit them when they need to. The frequency of the visits will depend on the type of business.

### Who needs to register?

- 2 If you use the vehicles for your food business in connection with permanent premises such as a shop, or warehouse you only need to tell the local authority how many vehicles you have. You do not need to register each vehicle separately. If you have one or more vehicles but no permanent premises, you must tell the authority where they are normally kept.
- 3 Anyone starting a new food business must register with the local authority at least 28 days before doing so.
- 4 The majority of premises will have to be registered. However certain premises are exempt from registration e.g. some which are already registered for food law purposes, certain agricultural premises, motor cars, tents, marquees (but not stalls), some domestic premises and some village halls. You should contact your local authority if you think you might be exempt.

### How do I register?

- 5 By filling in this form. Registration cannot be refused and there is no charge. The registration form must be sent to your local authority. The address can be found in the telephone directory. If the form is sent to the wrong address your application will not take effect until it is received at the proper place. If you use the premises in more than one authority area, you must register with each authority separately.
- 6 You must tick all the boxes which apply to your business, answer all the question and give all the information requested. Seasonal business operating for a certain period each year should give the dates between which they will be open in answer to question 12 overleaf. If you have any questions your local authority will help you. It is an offence to give information which you know is false.

### What happens to the information given on the form?

- 7 The local authority will enter the details on its Register. A register of addresses and the type of business carried on at each and will be open to inspection by the general public. Records of the other information provided will not be publicly available.

### Changes.

- 8 Once you have registered with the local authority you only need to notify them of a change of proprietor, if the nature of the business changes, or there is a change of address at which moveable premises are kept. The new proprietor will have to complete an application form.

If the local authority wishes to change the entry in the Register because of information which it receives from someone else you will be given 28 days notice and an opportunity to comment on the proposed change.

**These notes are provided for information only and should not be regarded as a complete statement of the law.**

The information you have provided on this form is subject to the Data Protection Act 1998. The information will be used by Wolverhampton City Council – Food & Environmental Safety service for enforcing Regulation (EC) 852/2004. Further information about the Data Protection Act 1998 can be obtained from the Councils Data Protection Advisor on 01902 554498 . Information can also be found on the Information Commissioners website – [www.dataprotection.gov.uk](http://www.dataprotection.gov.uk)

## Environmental Services Equality Monitoring

The information provided by you on this questionnaire will be used by the council only to monitor the effectiveness of its equal opportunities.

Please complete the following questions as appropriate.

**Gender** Male [ ] Female [ ]

### Age

Please indicate the band in which your age falls.

Under 25	[ ]	50-65	[ ]
25-34	[ ]	Over 65	[ ]
35-49	[ ]		

### Ethnic Group

To which ethnic group would you say you belong?

Mark **one** box only please.

#### White

British	[ ]
Irish	[ ]
Any other white background	[ ]

#### Mixed

White and Black Caribbean	[ ]
White and Black African	[ ]
White and Asian	[ ]
Any other Mixed background	[ ]

#### Asian or Asian British

Indian	[ ]
Pakistani	[ ]
Bangladeshi	[ ]
Any other Asian background	[ ]

#### Black

Caribbean	[ ]
African	[ ]
Any other Black background	[ ]

#### Chinese or Other ethnic group

Chinese	[ ]
Any other ethnic group	[ ]

### Religion

Could you please tick the box which best describes your beliefs.

Mark **one** box only please.

Buddhist	[ ]	Prefer not to say	[ ]
Christian	[ ]	None	[ ]
Hindu	[ ]	Other religion (please state)	_____
Jewish	[ ]		
Muslim	[ ]		
Sikh	[ ]		

### First Language

What is your first language?

English	[ ]	Punjabi	[ ]
Arabic	[ ]	Urdu	[ ]
Hindi	[ ]	Gujarati	[ ]
		Other – please specify	_____

### Disability

Do you consider yourself to be a disabled person? Yes [ ] No [ ]

If yes, what is the nature of your disability? Please state below or leave blank if you prefer not to say.

\_\_\_\_\_

### Employment Status

What is your current employment status?

Employed/Self employed [ ] Unemployed [ ] Retired [ ] Student [ ]

### Postcode

Please give the postcode of where you live.

(In the case of an enquiry from a business, please use the postcode of where the business is located).

\_\_\_\_\_

The Council may want to contact you in the future to ask you some further questions. If you are happy for us to do this please fill in your name and address.

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

*The information given by you on this questionnaire may be held in manual or computerised form and will be subject to the provisions of the Data Protection Act 1998.*

**FOR OFFICE USE**

**Division and Service Used/Collection Mechanism** (please tick appropriate boxes and complete FLARE codes where necessary (grey boxes))

**Licensing & Support Services**

Reception survey

Licence application forms	<input type="checkbox"/>	Type of licence	HC/PH	<input type="checkbox"/>
			Licensing Act	

**Public Protection**

Pest Control visits  Pest FLARE complaint category code

Personal Visits to a property  Reason for visit (please use FLARE complaint category code)

Telephone surveys based on Flare enquiries  Reason for enquiry (please use FLARE complaint category codes)

**Trading Standards**

Planned events	City Show	<input type="checkbox"/>
	Consumer Week	<input type="checkbox"/>

Inspection Visits	<input type="checkbox"/>	Trader	<input type="checkbox"/>
	<input type="checkbox"/>	Consumer	<input type="checkbox"/>

Reception Visits	<input type="checkbox"/>
Request for Paperwork Letters	<input type="checkbox"/>
Business & Consumer Satisfaction Survey	<input type="checkbox"/>

**Food and Environmental Safety**

Food hygiene inspections	<input type="checkbox"/>
Food Business Registration Form	<input type="checkbox"/>
Basic Food Hygiene Training Courses	<input type="checkbox"/>

**Recording Officer** \_\_\_\_\_

Officer FLARE log on code: \_\_\_\_\_

**Date form completed** \_\_\_\_\_

**Recording Details (to be completed by Support Services Officer)**

Date passed to Support Services Officer \_\_\_\_\_

Support Services Officer Name \_\_\_\_\_

Officer FLARE log on code: \_\_\_\_\_