URN 843038 LC No 8211 [redacted]

[redacted]

ARUN
DISTRICT COUNCIL

Arun District Council
Civic Centre
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West Sussex, BN17 5LF

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DATA PROTECTION

[redacted]

Application Form 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 competent 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 Food Safety Team, Arun District Council, for guidance.

1. **Address of establishment** UNITS 1 & 2, PARSONAGE FARM, YAPTON RD.,
(or address at which moveable establishment is kept) BARNHAM, BOGNOR REGIS **Post Code** PO22 0BD

2. **Name of food business** COSY CORNER CAFÉ + GIFT SHOP **Telephone No** [redacted]
(trading name)

3. **Full name of food business operator** [redacted]

4. **Address of food business operator** [redacted] **Post Code** [redacted]

Telephone No [redacted] **E-Mail**

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

Farm shop	☐	Staff restaurant/canteen/kitchen	☐
Food manufacturing/processing	☐	Catering	☑
Packer	☐	Hospital/residential home/school	☐
Importer	☐	Hotel/pub/guest house	☐
Wholesale/cash and carry	☐	Private house used for a food business	☐
Distribution/warehousing	☐	Moveable establishment e.g. ice cream van	☐
Retailer	☑	Market stall	☐
Restaurant/cafe/snack bar	☑	Food Broker	☐
Market	☐	Takeaway	☑
Seasonal slaughterer	☐	Other (please give details).....	☐

6. **Type of Business**

Sole trader	☑
Partnership	☐
Limited Company	☐
Other (please give details)	☐

(If Limited Company, please complete 7. below)

7. **Limited Company Name** ..... **Company No.** .....
Registered Office Address .....
..... **Post Code** .....

8. **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 ☐

9. **Water Supplied to the Food Business Establishment** Public (Mains) Supply ☑ Private Supply ☐

10. **Full name of manager (if difference from operator)** .....

11. **If this is a new business** Date you intend to open 2/1/08

12. **If this is a seasonal business** Period during which you intend to open each year .....

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

Signature of Food Business Operator [redacted]

Date 10/1/08

Name [redacted]
(BLOCK CAPITALS)

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