

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 submitted to East Ayrshire 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 East Ayrshire Council, Regulatory Services for guidance.

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

Post code _____

2. **Name of food business** _____ **Telephone no.** _____
(trading name)

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

4. **Address of food business operator** _____
Post code _____

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

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

- | | | | |
|-------------------------------|--------------------------|---|--------------------------|
| Farm Shop | <input type="checkbox"/> | Staff restaurant/canteen/kitchen | <input type="checkbox"/> |
| Food manufacturing/processing | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Packer | <input type="checkbox"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Importer | <input type="checkbox"/> | Hotel/pub/guest house | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Private house used for a food business | <input type="checkbox"/> |
| Distribution/warehousing | <input type="checkbox"/> | Moveable establishment e.g. ice cream van | <input type="checkbox"/> |
| Retailer | <input type="checkbox"/> | Market stall | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Food Broker | <input type="checkbox"/> |
| Market | <input type="checkbox"/> | Takeaway | <input type="checkbox"/> |
| Seasonal Slaughterer | <input type="checkbox"/> | Other (please give details) | |

6. **Type of business:**

- | | |
|---|--------------------------|
| Sole Trader | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Limited Company | <input type="checkbox"/> |
| Other (please give details) | <input type="checkbox"/> |
| _____ | |
| _____ | |
| <i>(If Limited Company, please complete 7. below)</i> | |

7. **Limited company name** _____ **Company no.** _____

Registered Office address _____
Post code _____

8. **If this is a new business** _____
Date you intend to open

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

Signature of food business operator _____

Date _____

Name _____

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

(BLOCK CAPITALS).

**Please return to: East Ayrshire Council, Regulatory Services, Civic Centre South Building,
16 John Dickie Street, Kilmarnock, KA3 1HW, Tel 01563 553520. Fax 01563 503125.**