

# 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 Business Compliance Section, Places Directorate for guidance.

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

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**Postcode** ..... **Telephone no.** .....

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

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3 **Full name of food business operator(s)** (or Limited company where relevant)

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

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..... **Postcode**.....

**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 detail) .....

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

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**Signature of Food Business Operator** ..... **Date**.....

**Name (in BLOCK CAPITALS)** .....

Please return this form to:-

Places Directorate: Economy, Waste and Infrastructure  
Business Compliance Section  
Wigan Council  
PO Box 100  
Wigan  
WN1 2DS

Tel: 01942 489330  
Fax: 01942 404222  
Email [Comm@wigan.gov.uk](mailto:Comm@wigan.gov.uk)

**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.**