

# 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 River Tees Port Health 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 Port Health on (Tel. 01287 612406) 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 and company number 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 activity** (Please tick **ALL** the boxes that apply):

Staff restaurant/canteen/kitchen	<input type="checkbox"/>	Hospital / residential care 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 businesses	<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**):  
 \_\_\_\_\_

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

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

**Date** \_\_\_\_\_

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

**Send the completed form to:-**

**River Tees Port Health Authority**  
 Belmont House  
 Rectory Lane  
 Guisborough  
 TS14 7FD.

**AFTER THIS FORM HAS BEEN  
 SUBMITTED, FOOD BUSINESS  
 OPERATORS MUST NOTIFY ANY  
 SIGNIFICANT CHANGE(S) IN ACTIVITIES  
 STATED ABOVE (INCLUDING CLOSURE  
 OR SALE) TO RIVER TEES PORT HEALTH  
 AUTHORITY WITHIN 28 DAYS IF THE  
 CHANGE(S) HAPPENING.**