



# APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

(Regulation (EC) No. 852/2004, Article 6(2))

This form should be completed by food business operators in respect of new food business establishments and submitted to Shetland Islands 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 Shetland Islands Council for guidance.

<b>Name of Food Business</b> (Trading Name)	
<b>Address of establishment</b> (or address at which moveable establishment is kept)	
<b>Postcode</b>	
<b>Telephone Number</b>	
<b>Mobile Number</b>	
<b>E-mail</b>	

<b>Full Name of Food Business Operator</b>	
<b>Address of Food Business Operator</b> (Home address)	
<b>Postcode</b>	
<b>Telephone Number</b>	
<b>Mobile Number</b>	
<b>E-mail</b>	

<b>Type of Food Business</b> (Please tick ALL the boxes that apply)			
<input type="checkbox"/> Catering	<input type="checkbox"/> Hospital/Residential Home/School	<input type="checkbox"/> Food Broker	
<input type="checkbox"/> Distribution/Warehousing	<input type="checkbox"/> Hotel/Pub/Guest House	<input type="checkbox"/> Importer	
<input type="checkbox"/> Farm Shop	<input type="checkbox"/> Private House used for food business	<input type="checkbox"/> Market	
<input type="checkbox"/> Food Manufacturing/processing	<input type="checkbox"/> Moveable Establishment e.g. ice cream van	<input type="checkbox"/> Market Stall	
<input type="checkbox"/> Restaurant/Cafe/Snack bar	<input type="checkbox"/> Staff restaurant/Canteen/Kitchen	<input type="checkbox"/> Packer	
<input type="checkbox"/> Retailer	<input type="checkbox"/> Seasonal Slaughter	<input type="checkbox"/> Other (please give details)	
<input type="checkbox"/> Takeaway	<input type="checkbox"/> Wholesale/Cash & Carry		

<b>Type of Business</b>			
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Limited Company		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other		

<b>If a Limited Company</b>	
<b>Limited Company Name</b>	
<b>Company Number</b>	
<b>Registered Office Address</b>	
<b>Postcode</b>	

<b>If this is a New Business</b> (Date you intend to open)		<b>If this is a Seasonal Business</b> (Period during which you intend to open each year)	
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<b>Signature of Food Business Operator</b>	
<b>Print Name</b>	
<b>Date</b>	

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