



**North Norfolk
Registration of a food business establishment
EC Regulation 852/2004 (Food Premises)**

For help contact
commercial@north-norfolk.gov.uk
Telephone: 01263 516008

Please complete all the questions on the form.

Section 1 of 6

Are you an agent acting on behalf of the applicant? Yes No Put 'No' if you applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

First name Family name

Email address

Main telephone number Other telephone number

Are you Applying as a business or organisation, including as a sole trader A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applying as an individual

Applicant Business

Is your business registered in the UK with Companies House? Yes No

Registration number VAT number Put 'None' if you are not registered for VAT.

Business name If your business is registered, use its registered name.

Legal status Sole trader Limited Company
Partnership Other

Your position in the business

Registered Address

Building number or name

Street

City or town

Postcode

Section 2 of 6

THE FOOD BUSINESS ESTABLISHMENT

Name of food business (trading name)

Address of Establishment

Is the address the same to the address given in section 1? Yes No
If Yes, go to Section 3

Building number or name

Street

City or town

Postcode

Telephone number

Email

Section 3 of 6	
THE FOOD BUSINESS OPERATOR	
Name of Food Business Operator	
First name	Family name
Address of Food Business Operator	
Is this the same as the food business establishment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, go to Section 4	
Building number or name	
Street	
City or town	
Postcode	
Contact details	
Telephone number	
Email	

Section 4 of 6			
TYPE OF FOOD BUSINESS – Check all that apply			
Food manufacturing / processing	<input type="checkbox"/>	Hospital / residential home / school	<input type="checkbox"/>
Packer	<input type="checkbox"/>	Hotel / pub / guest house	<input type="checkbox"/>
Importer	<input type="checkbox"/>	Private house using for a food business	<input type="checkbox"/>
Wholesale / cash and carry	<input type="checkbox"/>	Moveable establishment, e.g. ice cream van	<input type="checkbox"/>
Distribution / warehousing	<input type="checkbox"/>	Food broker	<input type="checkbox"/>
Retailer (including farm shop)	<input type="checkbox"/>	Takeaway	<input type="checkbox"/>
Restaurant / café / snack bar	<input type="checkbox"/>	Primary producer – livestock	<input type="checkbox"/>
Market / market stall	<input type="checkbox"/>	Primary producer – arable	<input type="checkbox"/>
Staff restaurant / canteen / kitchen	<input type="checkbox"/>	Other	<input type="checkbox"/>
Catering	<input type="checkbox"/>		

Section 5 of 6			
BUSINESS OPERATION			
Is this a new business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date you intend to open or take over the business

Section 6 of 6	
DECLARATION	
The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.	
<input type="checkbox"/> Ticking this box indicates you have read and understood the above declaration.	
Full name	Date
Role in business	

The completed form should be sent to: commercial@north-norfolk.gov.uk
or Commercial Team, Environmental Health, North Norfolk District Council, Holt Road, Cromer, NR27 9EN

For office use

Main EH Use	FSA (MAFF)	HSW Code	Start new inspection programme(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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