This form should be completed by food business operators in respect of new food business establishments and submitted to the address below 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 unaware whether any aspect of your food operations would require your establishment to be approved please contact Hull & Goole Port Health Authority for guidance.

1. **Address of establishment ……………………………………………………………………………………………………………………….**

(or address at which moveable establishment is kept)

**…………………………………………………………………………………… Post Code ……………………………………………………..**

**2. Name of Food Business …………………………………………………….Telephone Number ………………………………………….**

(Trading name)

**3.** **Full Name of Food Business Operator ………………………………………………………………………………………………………...**

**4. Address of Food Business Operator …………………………………………………………………………………………………………..**

**………………………………………………………………………………………………… Post Code ………………………………………..**

**Telephone Number …………………………………………………. E-mail ……………………………………………………………………...**

**5. Type of Food Business** (Please tick ALL the boxes that apply): **6. Type of Business:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Farm Shop |  | Staff Restaurant/Canteen/Kitchen |  | Sole Trader |  |
| Food Manufacturing/Processing |  | Catering |  | Partnership |  |
| Packer |  | Hospital/Residential/Home/School |  | Limited Company |  |
| Importer |  | Hotel/Pub/Guest-House |  | Other (Please give details) |  |
| Wholesale/Cash and Carry |  | Private House used for a Food Business |  |  |  |
| Distribution/Warehousing |  | Moveable Establishment e.g. Ice Cream Van |  | **……………………………….** |  |
| Retailer |  | Market Stall |  | **………………………………..** |  |
| Restaurant/Café/Snack Bar |  | Food Broker |  |  |  |
| Market |  | Takeaway |  | (If Limited Company, please |  |
| Seasonal Slaughterer |  | Other (**Please give details**)**:** |  | complete 7. below) |  |
|  |  | **…………………………………………………..** |  |  |  |
|  |  | **…………………………………………………..** |  |  |  |

**7. Limited Company Name ……………………………………………………………. Company Number …………………………………..**

**Registered Office Address ………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………… Post Code ……………………………………….**

**8. Number of vehicles or stalls kept at, or used from, the food business establishment and used for the purpose of preparing, selling or transporting food:**

**5 or less □ 6 – 10 □ 11 – 50 □ 51 plus □**

|  |  |  |
| --- | --- | --- |
| **9. Water Supplied to the Food Business Establishment.** | **Public (Mains) Supply □** | **Private Supply □** |

**10. Full Name of Manager (if different from operator) ………………………………………………………………………………………….**

|  |  |
| --- | --- |
| **111. If this is a new business ……………………………………**  Date you intend to open | **12. If this is a seasonal business …………………………………...**  Period during which you intend to be open each year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **13. Number of people engaged in Food Business**  Count part-time worker(s) (25 hrs per week or less) as one-half | **0 – 10 □** | **11 – 50 □** | **51 plus □** | **(Please tick one box)** |

|  |  |
| --- | --- |
| **Signature of Food Business Operator: ………………………………….** | **AFTER THIS FORM HAS BEEN SUBMITTED** |
|  | **FOOD BUSINESS OPERATORS MUST NOTIFY** |
| **Date: ........................................................................................................** | **ANY CHANGES TO THE ACTIVITIES STATED** |
|  | **ABOVE TO HULL & GOOLE PHA** |
| **Name: ………………………………………………………………………….**  (BLOCK CAPITALS) | **AND SHOULD DO SO WITHIN 28 DAYS**  **OF THE CHANGE(S) HAPPENING.** |

**Hull & Goole Port Health Authority, 257 Hessle Road, Hull, HU3 4BE.**

**Tel: 01482 324776 – Fax: 01482 219275**

**EMAIL –** [**HullPHA@cieh.org.uk**](mailto:HullPHA@cieh.org.uk)

**WEBSITE –** [**www.hullandgoolepha.gov.uk**](http://www.hullandgoolepha.gov.uk)