

Application Form 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 the relevant competent 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 Shropshire Council for guidance.

Please complete in block capital letters and black ink and return to:

Public Protection, Shropshire Council, The Shirehall, Shrewsbury, SY2 6ND Tel: 0345 678 9000 Email: public.protection@shropshire.gov.uk

Name of Food Business Trading Name: WALTONS CAFE EXPRESS

Address of establishment or Location of Movable Vehicle: JAYS FARM, STABLEGORD, SHROPSHIRE WV15 5LR.

Telephone: 07966 001745. Email: _____
 Fax: _____ Website: _____

Is it a movable Vehicle? Y N
 Number of Vehicles Used? 3
 Address of where Vehicle is stored: _____

Are you preparing food on the vehicle? Y N
 Are you only transporting food? Y N

Name of Food Business Operator: DARREN WALTON.

Address of Food Business Operator: GARDEN COTTAGE, BACK LANE, ACKLETON. BLEDENOR. WV6 7JJ

Telephone: 07966 001745. Email: _____
 Fax: _____ Website: _____

Name of Manager if different from operator: _____

Name of Limited Company: _____
 Address of Limited Company: _____

Telephone: _____ Email: _____
 Fax: _____ Website: _____

Company Number: _____

Type of Food Business (Please tick ALL boxes that apply)

<input type="checkbox"/> Food Manufacturing / Processing	<input type="checkbox"/>	<input type="checkbox"/> Hospital / Residential Home / School	<input type="checkbox"/>
<input type="checkbox"/> Packer	<input type="checkbox"/>	<input type="checkbox"/> Pub / Hotel / Guest House	<input type="checkbox"/>
<input type="checkbox"/> Importer	<input type="checkbox"/>	<input type="checkbox"/> Private House used for Food Business	<input type="checkbox"/>
<input type="checkbox"/> Wholesale / Cash & Carry	<input type="checkbox"/>	<input type="checkbox"/> Movable Establishment (ie Ice Cream Van)	<input checked="" type="checkbox"/>
<input type="checkbox"/> Distribution / Warehousing	<input type="checkbox"/>	<input type="checkbox"/> Food Broker	<input type="checkbox"/>
<input type="checkbox"/> Retailer (Including Farm Shop)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Takeaway	<input type="checkbox"/>
<input type="checkbox"/> Restaurant / Café / Snack Bar	<input type="checkbox"/>	<input type="checkbox"/> Child minder	<input type="checkbox"/>
<input type="checkbox"/> Market / Market Stall	<input type="checkbox"/>	<input type="checkbox"/> Primary Producer - Livestock	<input type="checkbox"/>
<input type="checkbox"/> Staff Restaurant / Canteen / Kitchen	<input type="checkbox"/>	<input type="checkbox"/> Primary Producer - Arable	<input type="checkbox"/>
<input type="checkbox"/> Catering	<input type="checkbox"/>	<input type="checkbox"/> Other : Please State	<input type="checkbox"/>

Have you got an alcohol licence? Y N

Is this a new business? Y N

Type of Business: Sole Trader
 Partnership
 Limited Company
 Other : Please State

How is the water supplied to the establishment? Mains Water Private Water Supply

Is this a seasonal business? Y N
 What are the dates it will be open: _____

How many people are engaged in the food business? (count part time worker(s) (25 hours per week or less) as one half) 4.

Name of Food Business Operator: _____

Signature of Food Business Operator: [Signature] Date: 27/6/17

FOR OFFICE USE ONLY: Officer Initials: [Initials]

Is the Food Business Operator New Amended?