

**ENVIRONMENT, CULTURE & COMMUNITIES DEPARTMENT**



**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 or premises where there have been changes to previously registered details. The form should be submitted to **Bracknell Forest Borough Council, Commercial Team, Environment, Culture and Communities Department, Time Square, Market Street, Bracknell, RG12 1JD** 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 the Commercial Team for guidance on 01344 352000 or via [environmental.health@bracknell-forest.gov.uk](mailto:environmental.health@bracknell-forest.gov.uk).

1. **Address of establishment** (or address at which moveable establishment is kept)  
..... **Postcode** .....
2. **Name of food business** (trading name) .....
3. **Tel No** ..... 4. **Fax No** .....
5. **Email address** .....
6. **Is the food business a Limited Company**  **Sole Trader**  **Partnership**  **?**  
Please tick one box. If Limited Company go to question 7, if Sole Trader or Partnership go to question 8.
7. **Limited company name** .....  
**Registered office address** .....  
.....  
**Postcode** ..... **Company No** .....
8. **Details of all food business operators.** If you need more space as there are more than 2 food business operators, please continue on a separate sheet and staple to this one.
  - (a) **Full name of business operator** .....  
**Home address of food business operator** .....  
..... **Postcode** .....
  - Tel No** ..... **Email** .....
  - (b) **Full name of business operator** .....  
**Home address of food business operator** .....  
..... **Postcode** .....
  - Tel No** ..... **Email** .....

**9. Type of food business** (please tick ALL boxes that apply):

- |                               |                          |   |                          |
|-------------------------------|--------------------------|---|--------------------------|
| Farm shop                     | <input type="checkbox"/> | Staff restaurant/canteen/kitchen          | <input type="checkbox"/> |
| Food manufacturing/processing | <input type="checkbox"/> | Catering                                  | <input type="checkbox"/> |
| Packer                        | <input type="checkbox"/> | Hotel/pub/guest house                     | <input type="checkbox"/> |
| Importer                      | <input type="checkbox"/> | Hospital/residential home/school          | <input type="checkbox"/> |
| Wholesale/cash and carry      | <input type="checkbox"/> | Private house used for a food business    | <input type="checkbox"/> |
| Distribution/warehousing      | <input type="checkbox"/> | Moveable establishment, eg: ice cream van | <input type="checkbox"/> |
| Retailer                      | <input type="checkbox"/> | Market stall                              | <input type="checkbox"/> |
| Restaurant/café/snack bar     | <input type="checkbox"/> | Food broker                               | <input type="checkbox"/> |
| Market                        | <input type="checkbox"/> | Takeaway                                  | <input type="checkbox"/> |
| Seasonal slaughterer          | <input type="checkbox"/> | Other (please give details)               | <input type="checkbox"/> |

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**10. Number of vehicles or stalls kept at, or used from, the food business establishment and used for the purposes of preparing, selling or transporting food** (please tick one box):

- 5 or less       6-10       11-50       51 plus

Registration number of vehicles used for selling food (ie ice cream van, mobile food van) .....

**11. Water supplied to the food business establishment**

- Public (mains) supply       Private supply

**12. Full name of manager** (if different from food business operator) .....

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**13. If this is a new business** (date you intend to open) .....

**14. If this is a seasonal business** (period during which you intend to be open) .....

**15. Number of people engaged in food business** (please tick one box; count part-time worker(s) [25 hours per week or less] as one-half)

- 0-10       11-50       51 plus

**16. Hours of Opening** .....

**Signature of Food Business Operator** .....

Or

**Signed by**.....

**Name (BLOCK CAPITALS)** .....

**Position in Company if Not Food Business Operator** .....

**Date** .....

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