



## Application for 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 Public Protection Division of Pembrokeshire County Council for guidance.

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

*The completed form should be returned to:*

Lead Officer for Food Safety  
Pembrokeshire County Council  
County Hall  
Haverfordwest  
Pembrokeshire  
SA61 1TP

# Application for Registration of a Food Business Establishment

Address of Establishment (or address at which moveable establishment is kept):

1

Postcode: ..... Telephone Number: ..... E-Mail: .....

2

Trading Name of food business:

3

Full Name of food business Operator(s):  
(or Limited Company where relevant)

4

Head Office address of food business Operator:  
(where different from address of establishment)

Postcode:

Telephone:

Email:

5

Type of food business *[Please tick ALL the boxes that apply]*

<input type="checkbox"/> Farm Shop	A	<input type="checkbox"/> Staff Restaurant / Canteen / Kitchen	K
<input type="checkbox"/> Food Manufacturing/processing	B	<input type="checkbox"/> Catering	L
<input type="checkbox"/> Packer	C	<input type="checkbox"/> Hospital / Residential Home / School	M
<input type="checkbox"/> Importer	D	<input type="checkbox"/> Hotel / Pub/ Guest House	N
<input type="checkbox"/> Wholesale/Cash and Carry	E	<input type="checkbox"/> Private house used for a food business	O
<input type="checkbox"/> Distribution / Warehousing	F	<input type="checkbox"/> Moveable Establishment eg Ice Cream Van	Q
<input type="checkbox"/> Retailer	G	<input type="checkbox"/> Food Broker	S
<input type="checkbox"/> Restaurant/Café/Snack Bar	H	<input type="checkbox"/> Takeaway	T
<input type="checkbox"/> Market/Market Stall	I	<input type="checkbox"/> Other (please give details)	
<input type="checkbox"/> Primary Producer			

6

If this is a new business, date you intend to open:

7

Signature of food business operator:

Date:

Name:  
(BLOCK CAPITALS)