

OMAGH DISTRICT COUNCIL**Regulation (EC) No 852/2004 on the Hygiene of Foodstuffs Article 6 (2)**
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 received by Omagh District Council 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 Omagh District Council for guidance.

1. **Address of Establishment** _____
(or address at which moveable establishment is kept)

_____ **Postcode:** _____

2. **Trading name of Food Business** _____

Telephone Number: _____ **Fax Number:** _____

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)

_____ **Post Code** _____

Telephone No _____ **E-Mail** _____

5. **Type of food activity** (please tick ALL the boxes that apply:)

Staff restaurant/canteen/kitchen	<input type="checkbox"/>	Retailer (including farm shop)	<input type="checkbox"/>
Restaurant/Café/Snack bar	<input type="checkbox"/>	Market/Market stall	<input type="checkbox"/>
Takeaway	<input type="checkbox"/>	Hotel/Pub/Guest House	<input type="checkbox"/>
Private House used for a food business	<input type="checkbox"/>	Wholesale/cash and carry	<input type="checkbox"/>
Hospital/residential home/school	<input type="checkbox"/>	Distribution/warehousing	<input type="checkbox"/>
Food manufacturing/processing	<input type="checkbox"/>	Importer	<input type="checkbox"/>
Catering	<input type="checkbox"/>	Packer	<input type="checkbox"/>
Food Broker	<input type="checkbox"/>	Moveable establishment eg ice cream van	<input type="checkbox"/>

Other (Please give details): _____

6. If this is a new business, the date you intend to open _____

Signature of Food Business Operator _____

Date _____

Name _____

(BLOCK CAPITALS)

This completed form should be sent to:

Chief Environmental Health Officer
Omagh District Council
Environmental Health Department
Lisnamallard House,
Old Mountfield Road,
Omagh,
Co Tyrone
BT79 7EG **TEL: 028 82256202** **FAX: 028 82248086**

<p>AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY <u>ANY</u> CHANGES TO THE ACTIVITIES STATED ABOVE TO OMAGH DISTRICT COUNCIL AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE (S) HAPPENING.</p>
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