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 the City of Edinburgh Council for guidance.

1 Address of establishment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or address at which moveable premises are kept)

Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 Name of food Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Full Name of food business operator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 Address of Food Business Operator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 Type of establishment (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 premises eg ice cream van |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| Retailer |  | Market stall |  |  |  |
| Restaurant/café/snack bar |  | Food Broker |  | (If Limited Company, please complete |  |
| Market |  | Takeaway |  | 7 below) |  |
| Seasonal Slaughterer |  | Other (Please give details) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7 Limited Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Office Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 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:

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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 11 | if this is a new business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12 | If this is a seasonal business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date you intend to open |  | Period during which you intend to be open each year |

13 Number of people engaged in food business 0-10 11-50 51 plus (Please tick one box)

(Count part-time worker(s) (25hrs per week or less) as one-half)

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

Signature of Food Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operator

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Block Capitals)

The completed form should be sent to:

Food / Health & Safety Division

G1, Waverley Court

4 East Market Street

EDINBURGH

EH8 8BG

**NOTES ON REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT**

**What is registration?**

1. Registration of premises used for a food business (including home caterers, delivery vehicles, food stores and other moveable structures) is required by law. Registration will allow local authorities to keep an up-to-date list of all those premises in their areas so they can visit them when they need to. The frequency of the visits will depend on the type of business.

**Who needs to register?**

1. If you run a food business you must tell (or arrange for someone else to tell) the local authority about any premises you use for storing, selling, distributing or preparing food. Food premises includes restaurants, hotels, cafes, shops, kitchens at home, supermarkets, staff canteens, kitchens in offices, warehouses, guest houses, delivery vehicles, buffet cars on trains, market and other stalls, hot dog and ice cream vans, etc
2. If you use vehicles for your food business in connection with permanent premises such as a shop or warehouse you only need to tell the local authority how many vehicles you have. You do not need to register each vehicle separately. If you have one or more vehicles but no permanent premises, you must tell the authority where they are normally kept.
3. Anyone starting a new food business must register with the local authority at least 28 days before doing so.
4. The majority of premises will have to be registered. However, certain premises are exempt from registration, e.g. some of which are already registered for food law purposes, certain agricultural premises, motor cars, tents or marquees (but not stalls), some domestic premises and some village halls. You should contact your local authority if you thing you might be exempt.

**How do I register?**

1. By filling in this form. Registration cannot be refused and there is no charge. The registration form must be sent to your local authority. If the form is sent to the wrong address your application will not take effect until it is received in the proper place. If you use premises in more than one local authority area, you must register with each authority separately.
2. You must tick all the boxes which apply to your business, answer all the questions and give all the information requested. Seasonal businesses operating for a certain period each year should give the dates between which they will be open in answer to question 12. If you have any questions your local authority will help you. It is an offence to give information which you know to be false.

**What happens to the information given on the form?**

1. The local authority will enter the details on its register. A register of addresses and the types of business carried on at each will be open to inspection by the general public. Records of the other information provided will not be publicly available.

**Changes**

1. Once you have registered with the local authority you only need to notify them of a change of proprietor, if the nature of the business changes, or if there is a change of the address at which moveable premises are kept. The new proprietor will have to complete an application form.

If the local authority wishes to change the entry in the register because of information which it receives from someone else you will be given 28 days notice and an opportunity to comment on the proposed change.

***These notes are provided for information only and should not be regarded as a complete statement of the law.***

**Food Business Self-Assessment Questionnaire**

1. Name and address of Business:...................................................................................

......................................................................................................................................  
 Tel No: .............................................. Fax No:..............................................................  
 Email: ...........................................................................................................................

1. Name of proprietor(s): ...................................................................................................  
   3. Head office/address of proprietor(s) (if different from above): ......................................  
    .......................................................................................................................................

**About your food business**

4. How many employees does your business have in total?…………..……….……………

5. How many customers do you serve on average per day?…………..

6. Please list the types of food handled on the premises

Raw Meat/Poultry  Raw Fish  Fruit&Veg  Dairy  Bread products

**Food Hygiene supervision, instruction and training**

7. Have you or your staff undertaken any food hygiene training? Yes  No

Are the training certificates available? Yes  No

**Food Safety Temperature Checks**

8. Please indicate which of the following temperature checks are carried out?

Delivery  Storage  Cooking  Hot holding  Reheating

9. Do you keep records of the temperature checks? Yes  No

**Storage / Preparation**

10. How do you ensure food is used within its date code? .........................................................................................................................................

11. Do you have separate areas for preparation & storage of raw and ready to eat food? Yes  No

12. Do you have any cooking equipment on site? If so details

.........................................................................................................................................

**Cleaning**

13. What chemicals / cleaning equipment do you use for cleaning/disinfecting surfaces, equipment, shelving?......................................................................................................

**Washing Facilities**

14. Which of the following do you have (e.g wash hand basins (WHB), food preparation sinks) and how many? WHB  Prep  Dishwashers  Wash up sinks

**Pest control**

15. Do you carry out regular pest control checks? Yes  No

Do you have a pest control contract, if so what company?…………………………..........

**Waste control**

16. Please detail how you store your waste, which company collects it and when? ........................................................................................................................................

**Risk Assessment / Health and Safety Policy / Training**

17. Have you carried out a health and safety risk assessment? Yes  No

18. Does it include manual handling? Yes  No

19. Do you have a written health and safety policy? Yes  No

20. Have your staff received health and safety training? Yes  No

**Gas Safety**

21. Do you have gas on the premises? Yes  No

22. If so, do you have a gas safety certificate issued by

a “Gas Safe” registered gas engineer within

the last 12 months? Yes  No

**Electricity**

23. Have you had your electrical system inspected by

an electrician within the last 5 years? Yes  No

24. Do you have a system for checking and maintaining

portable electrical appliances (PAT testing)? Yes  No

**Asbestos**

25. Do you know the whereabouts of any asbestos

in the building? Yes  No

**Lifts / Lifting Equipment**

26. Do you have a currentcertificate of thorough examination

for any lifts / lifting equipment (e.g. “dumb” waiters, lifts etc)? Yes  No

**Control of Substances Hazardous to Health** (COSHH)

27. What hazardous substances are being used in the premises? …………………………

……………………………………………………………………………………………………

**Do you have**:

28. Health and Safety information for employees poster? Yes  No

29. Employers liability insurance? Yes  No

30. A first aid kit? Yes  No

31. Accident Book / Accident Reporting Procedures? Yes  No

**Completed by:**

Signed:.......................................................Print Name............................................................  
Position in Company:...............................................................................Date: .......................

**Thank you for taking the time to complete this questionnaire.**