



# CASTLEREAGH BOROUGH COUNCIL ENVIRONMENTAL HEALTH SERVICE

## The Food Hygiene Regulations (NI) 2006

EC Regulation 852/2004, Article 6(2) EC Regulation 882/2004, Article 31(1)

### APPLICATION FORM FOR REGISTRATION OF FOOD PREMISES

The completed form should be sent to:

The Environmental Health Manager, Castlereagh Borough Council, Civic & Admin Offices,  
Bradford Court, Upper Galwally, CASTLEREAGH, BT8 6RB  
Telephone No: (028) 9049 4640 Fax No: (028) 9049 4625

#### FOR OFFICIAL USE ONLY

Date Application Received:		Received By:	
Registration Date:		Registration Ref:	

Name of Food Business: \_\_\_\_\_

(Trading Name)

Address of Premises: \_\_\_\_\_

(or address at which moveable premises are kept)

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

**TYPE OF PREMISES. Please tick ALL the boxes that apply.**

(a) Farm/Small Holding	(k) Staff Restaurant Canteen / Kitchen	
(b) Food Manufacturing/Processing	(l) Catering	
(c) Slaughter	(m) Hospital/Residential Home/School	
(d) Packer	(n) Hotel / Pub / Guesthouse	
(e) Importer	(o) Private House Used for a Food Business	
(f) Wholesale/Cash & Carry	(p) Premises used by a No. of Businesses	
(g) Distribution/Warehousing	(q) Moveable Premises	
(h) Retailer	(r) Other – Please Give Details	
(i) Market	_____	
(j) Restaurant/Café/Sanckbar		

Sole Trader	Limited Company	Partnership	Other <i>(Give Details Below)</i>
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**If Limited Company, please complete below**

Limited Company Name and Company No.: \_\_\_\_\_

Registered Office Address and Postcode: \_\_\_\_\_

Does your business handle or involve any of the following: Please tick ALL the boxes that apply.

(a) Chilled Foods		(n) Alcoholic Drinks	
(b) Frozen Foods		(o) Canning	
(c) Fruit & Vegetables		(p) Vacuum Packing	
(d) Fish/Frozen Products		(q) Bottling and Other Packaging	
(e) Fresh/Frozen Meat		(r) Table Meals/Snacks	
(f) Fresh/Frozen Poultry		(s) Takeaway Food	
(g) Meat Products or Deli		(t) Accommodation	
(h) Dairy Products		(u) Delivery Service	
(i) Eggs		(v) Chilled Food Storage	
(j) Bakery		(w) Bulk Storage	
(k) Sandwiches		(x) Use of Private Water Supply	
(l) Confectionery		(y) Other – Please Give Details	
(m) Ice Cream			

**DETAILS OF MOVEABLE PREMISES**

- Are vehicles or ships used for transporting food kept at or used from the premises? YES / NO
- Are vehicles or ships used for preparing or selling food kept at or used from the premises? YES / NO
- Please give an indication of the number of vehicles/stalls/ships\* kept at used from the premises and used for preparing, selling or transporting food (\*Delete as appropriate) ( )

**Name(s) of Proprietor(s)/Director(s) of food Business and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Address of Business Head Office (if different from address of premises):**

\_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Name of Manager (if different from Proprietor):** \_\_\_\_\_

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

**If this is a seasonal business, period during which you intend to re-open each year:** \_\_\_\_\_

**Please give an indication of the number of people engaged in food business:**  
**(Count Part-Timer(s) (25 hours per week or less) as one half) ( )**

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**IT IS AN OFFENCE TO GIVE FALSE OR INCOMPLETE INFORMATION**  
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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY THIS DEPARTMENT OF ANY CHANGES TO THE ACTIVITIES STATED ABOVE.**