



APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

(Regulation (EC) No. 852/2004, Article 6(2))

This form should be completed by food business operators in respect of new food business establishments and submitted to Shetland Islands 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 Shetland Islands Council for guidance.

Name of Food Business (Trading Name)			
Address of establishment (or address at which moveable establishment is kept)			
Postcode			
Telephone Number		Mobile Number	
E-mail			

Full Name of Food Business Operator			
Address of Food Business Operator (Home address)			
Postcode			
Telephone Number		Mobile Number	
E-mail			

Type of Food Business (Please tick ALL the boxes that apply)				
<input type="checkbox"/> Catering	<input type="checkbox"/> Hospital/Residential Home/School	<input type="checkbox"/> Food Broker		
<input type="checkbox"/> Distribution/Warehousing	<input type="checkbox"/> Hotel/Pub/Guest House	<input type="checkbox"/> Importer		
<input type="checkbox"/> Farm Shop	<input type="checkbox"/> Private House used for food business	<input type="checkbox"/> Market		
<input type="checkbox"/> Food Manufacturing/processing	<input type="checkbox"/> Moveable Establishment e.g. ice cream van	<input type="checkbox"/> Market Stall		
<input type="checkbox"/> Restaurant/Cafe/Snack bar	<input type="checkbox"/> Staff restaurant/Canteen/Kitchen	<input type="checkbox"/> Packer		
<input type="checkbox"/> Retailer	<input type="checkbox"/> Seasonal Slaughter	<input type="checkbox"/> Other		
<input type="checkbox"/> Takeaway	<input type="checkbox"/> Wholesale/Cash & Carry			

Type of Business				
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	

If a Limited Company	
Limited Company Name	
Company Number	
Registered Office Address	
Postcode	

If this is a New Business (Date you intend to open)		If this is a Seasonal Business (Period during which you intend to open each year)	
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Signature of Food Business Operator	
Print Name	
Date	

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

The completed form should be sent to: Shetland Islands Council, Environmental Health, Infrastructure Services Department, The Gutters' Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ or email foodsafety@shetland.gov.uk

PRIVACY NOTICE	
<p>The information provided by you is processed in accordance with the Data Protection Act 2018 for the purposes of Food Law Enforcement. The Data Protection Act 2018 gives you the right to know how we will use your data. Further information about how we use your personal data is available from the Environmental Health Service or can be found on the Council's website at http://www.shetland.gov.uk/information-rights/DataProtection.asp.</p>	

FLRS Group (For official use only)	<input type="checkbox"/> Group 1	<input type="checkbox"/> Group 2	<input type="checkbox"/> Group 3	
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