

APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

(Regulation (EC) No.852/2004 on the hygiene of foodstuffs, Article 6(2))

This form should be completed by food business operators in respect of new food business establishments and received by the relevant Food 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 Carmarthenshire County Council for guidance.

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

Post Code _____

2. **Trading name of food business** _____ **Telephone No.** _____

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"/> | Hospital/residential home/school | <input type="checkbox"/> |
| Retailer (including farm shop) | <input type="checkbox"/> | Distribution/warehousing | <input type="checkbox"/> |
| Restaurant/café/snack bar | <input type="checkbox"/> | Food manufacturing/processing | <input type="checkbox"/> |
| Market / Market stall | <input type="checkbox"/> | Importer | <input type="checkbox"/> |
| Takeaway | <input type="checkbox"/> | Catering | <input type="checkbox"/> |
| Hotel/pub/guest house | <input type="checkbox"/> | Packer | <input type="checkbox"/> |
| Private house used for a food business | <input type="checkbox"/> | Moveable establishment e.g. ice cream van | <input type="checkbox"/> |
| Wholesale/cash and carry | <input type="checkbox"/> | Primary producer – livestock | <input type="checkbox"/> |
| Food Broker | <input type="checkbox"/> | Primary producer – arable | <input type="checkbox"/> |

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

Signature of Food Business Operator _____

Date _____

Name _____
(BLOCK CAPITALS)

The completed form should be sent to:

**Food, Safety and Health
Homes and Safer Communities
Carmarthenshire County Council
3 Spilman Street
Carmarthen
Carmarthenshire
SA31 1LE**

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

CAIS AM GOFRESTRU SEFYDLIAD BUSNES BWYD

(Rheoliad (CE) Rhif .852/2004 ar hylendid deunyddiau bwyd, Erthygl Article 6(2))

Dyliai gweithredwyr busnesau bwyd lenwi'r ffurflen hon mewn perthynas a sefydliadau busnes bwyd newydd a'i chyflwyno i'r Awdurdod Bwyd perthnasol 28 diwrnod cyn i weithrediadau bwyd ddechrau. Ar sail y gweithgareddau a gyflawnir, mae'n ofynnol i rai sefydliadau busnes bwyd gael eu **cymeradwyo** yn hytrach na'u **cofrestru**. Os nad ydych yn sicr p'un a fyddai unrhyw agwedd ar eich gweithrediadau bwyd yn ei gwneud yn ofynnol i'ch sefydliad gael ei gymeradwyo, cysylltwch â Cyngor Sir Gaerfyrddin.

1. **Cyfeiriad y sefydliad** _____
(neu'r cyfeiriad lle cedwir y sefydliad uned symudol)

Côd Post _____

2. **Enw masnachu'r Busnes Bwyd** _____ **Rhif Ffôn** _____

3. **Enw Llawn y gweithredwr(wyr) busnes bwyd** _____
(neu gwmni Cyfyngedig lle y bo'n berthnasol)

4. **Cyfeiriad prif swyddfa'r gweithredwr busnes bwyd** _____
(os yw'n wahanol i gyfeiriad y sefydliad)

Côd Post _____

Rhif Ffôn _____ **E-bost** _____

5. **Y math o weithgarwch bwyd** (Ticiwch BOB blwch sy'n berthnasol):

- | | | | |
|---|--------------------------|--|--------------------------|
| Bwyty/Ffreutur/cegin staff | <input type="checkbox"/> | Ysbyty/cartref preswyl/ysgol | <input type="checkbox"/> |
| Manwerthwr (gan gynnwys siop fferm) | <input type="checkbox"/> | Dosbarthu/cadw mewn warws | <input type="checkbox"/> |
| Bwyty/caffi/bar byrbryd | <input type="checkbox"/> | Gweithgynhyrchu/prosesu bwyd | <input type="checkbox"/> |
| Marchnad/Stondin marchnad | <input type="checkbox"/> | Mewnforiwr | <input type="checkbox"/> |
| Tecawe | <input type="checkbox"/> | Arlwyo | <input type="checkbox"/> |
| Gwesty/tafarn/gwesty bach | <input type="checkbox"/> | Paciwr | <input type="checkbox"/> |
| Tŷ preifat a ddefnyddir at ddiben busnes bwyd | <input type="checkbox"/> | Sefydliad symudol e.e. fan hufen ia | <input type="checkbox"/> |
| Cyfanwerthu/talu a chludo | <input type="checkbox"/> | Cynhyrchydd sylfaenol (e.e. anifeiliaid) | <input type="checkbox"/> |
| Brocer Bwyd | <input type="checkbox"/> | Cynhyrchydd sylfaenol (e.e. cnydau) | <input type="checkbox"/> |
| Arall (rhowch fanylion): | <input type="checkbox"/> | | |

6. **Os mai busnes newydd yw hwn, y dyddiad y bwriadwch agor** _____

Llofnod y Gweithredwr Busnes Bwyd _____

Dyddiad _____

Enw _____

(LLYTHRENAU BRAS)

Ar ol ei lenwi, dylech danfon y ffurflen i:

Bwyd, Diogelwch a Iechyd
Cartrefi a Chymunedau Mwy Diogel
Cyngor Sir Gaerfyrddin
3 Heol Spilman
Caerfyrddin
Sir Gaerfyrddin
SA31 1LE

AR OL CYFLWYNO'R FFURFLEN HON,
RHAID I WEITHREDWYR BUSNESAU BWYD
ROI GWYBOD AM UNRHYW NEWID
SYLWEDDOL I'R GWEITHGAREDDAU A
NODI'R UCHOD (GAN GYNNWYS CAU) I'R
AWDURDOD BWYD A HYNNY O FEWN 28
DIWRNOD I'R NEWID