

Application for Approval of a Food Business Establishment Subject to Approval under Regulation (EC) No. 853/2004

Fishery Products & Live Bivalve Molluscs (Shellfish)

Please complete with a black pen in **BLOCK CAPITALS**.
 Complete Parts 1 to 9 inclusive, then complete, sign and date Part 10.

PART 1 – TYPE OF PRODUCT(S) OF ANIMAL ORIGIN FOR WHICH APPROVAL IS SOUGHT

Indicate the product(s) of animal origin in relation to which you are applying for approval to use the establishment (tick all that apply)?

- Fishery Products**
 Live Bivalve Molluscs (Shellfish)

PART 2 - ESTABLISHMENT FOR WHICH APPROVAL IS SOUGHT (THE ESTABLISHMENT)

Trading name

Full postal Address

Postcode:

PART 3 – FOOD BUSINESS OPERATOR AND MANAGEMENT OF THE ESTABLISHMENT

Name and full Address of Food Business Operator

Postcode:

Full names of managers of The Premises	1.	2.	3.
Job titles	1.	2.	3.

Full Names of others In control of the business	1.	2.	3.
Job titles	1.	2.	3.

PART 4 – USE OF THE ESTABLISHMENT

Which of the following activities will be conducted in / from the establishment (tick all that apply)?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Wholesale market |
| <input type="checkbox"/> | Manufacture |
| <input type="checkbox"/> | Other processing (please specify) |
| <input type="checkbox"/> | Packing |
| <input type="checkbox"/> | Storage |
| <input type="checkbox"/> | Distribution |
| <input type="checkbox"/> | Cash and carry / wholesale |
| <input type="checkbox"/> | Catering (preparation of food for consumption in the establishment) |
| <input type="checkbox"/> | Retail (direct sale to consumers or other customers) |
| <input type="checkbox"/> | Market stall or mobile vendor |
| <input type="checkbox"/> | Other (please specify) |

PART 5 – TRANSPORT OF PRODUCTS FROM THE ESTABLISHMENT

How will products be transported from the establishment (tick all that apply)?

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Your own vehicle(s) |
| <input type="checkbox"/> | Contract / Private Haulier |
| <input type="checkbox"/> | Purchaser's own vehicle(s) |
| <input type="checkbox"/> | Other (please specify) |

PART 6 – SUPPLY OF PRODUCTS FROM THE ESTABLISHMENT TO OTHER ESTABLISHMENTS

Which of the following will be supplied with products from the establishment (tick all that apply)?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Other businesses that manufacture or process food |
| <input type="checkbox"/> | Wholesale packers |
| <input type="checkbox"/> | Cold stores that are not part of the establishment to which this application relates |
| <input type="checkbox"/> | Warehouses that are not part of the establishment to which this application relates |
| <input type="checkbox"/> | Restaurants, hotels, canteens or similar catering businesses |
| <input type="checkbox"/> | Take-away businesses |
| <input type="checkbox"/> | Retail shops, supermarkets, stalls, or mobile vendors that you own |
| <input type="checkbox"/> | Retail shops, supermarkets, stalls, or mobile vendors that you do not own |
| <input type="checkbox"/> | Members of the public direct from the establishment to which this application relates |
| <input type="checkbox"/> | Other (please specify) |

PART 7 – OTHER ACTIVITIES ON THE SAME SITE

Will any of the following activities be conducted on the same site as, or within, the establishment to which this application for approval relates?

	YES	NO	APPROVAL CODE
Slaughter, including pigs, sheep, cattle, poultry, game etc:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cutting fresh (including chilled and frozen) meat, poultry meat or game:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Storage of fresh (including chilled and frozen) meat, poultry or game:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

PART 8 – INFORMATION AND DOCUMENTATION

The following information is required in order to process your application and should be sent with this application form if possible. Please indicate which information you are sending now (N.B. information that is not sent now will still be required before your application can be determined).

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A detailed scale plan of the (proposed) establishment showing the location of rooms and other areas to be used for the storage and processing of raw materials, product and waste, and the layout of facilities and equipment |
| <input type="checkbox"/> | A description of the (proposed) food safety management system based on HACCP principles |
| <input type="checkbox"/> | A description of the (proposed) establishment and equipment maintenance arrangements |
| <input type="checkbox"/> | A description of the (proposed) establishment, equipment, and transport cleaning arrangements |
| <input type="checkbox"/> | A description of the (proposed) waste collection and disposal arrangements |
| <input type="checkbox"/> | A description of the (proposed) water supply |
| <input type="checkbox"/> | A description of the (proposed) water supply quality testing arrangements |
| <input type="checkbox"/> | A description of the (proposed) arrangements for product testing |
| <input type="checkbox"/> | A description of the (proposed) pest control arrangements |
| <input type="checkbox"/> | A description of the (proposed) monitoring arrangements for staff health |
| <input type="checkbox"/> | A description of the (proposed) arrangements for record keeping |
| <input type="checkbox"/> | A description of the (proposed) arrangements for applying the identification mark to product packaging or wrapping |

PART 9 – ACTIVITIES / PRODUCTS TO BE HANDLED IN THE ESTABLISHMENT

Fishery Products / Live Bivalve Molluscs (Shellfish)

Full Details of Activities and Specific Products Handled (eg gutting, filleting, freezing etc / white fish, prawns, scallops etc)

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How many tonnes of Fishery Products and/ or Live Bivalve Molluscs (Shellfish) will be handled in the establishment per week on average?	
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PART 10 – APPLICATION

Name of applicant	
Position in business	
Name of contact	
Position in business	
Tel (incl. Dialling code)	
Fax (incl. Dialling code)	
E-mail	

I hereby apply, on behalf of the business described in Part 2, for approval to use premises at the address specified in Part 2 for the purpose of handling products to which Regulation (EC) No. 853/2004 applies.

Signature		Date	
Name in BLOCK LETTERS			

If you need any help or advice about how to complete this form, or about the products to which the Regulations relate, or the circumstances in which approval under the Regulations is required, please contact the officer named below.

When you have completed this form and collected the other information required, please send it to:

	Contact Name:		IMPORTANT Please notify any changes to the details you have given on this form, by writing to the address shown.
	Telephone:		
	Fax:		
	E-mail:		