

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

Stand Alone Cold Store

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)?

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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. <input style="width: 90%; height: 25px;" type="text"/>	2. <input style="width: 90%; height: 25px;" type="text"/>	3. <input style="width: 90%; height: 25px;" type="text"/>
Job titles	1. <input style="width: 90%; height: 25px;" type="text"/>	2. <input style="width: 90%; height: 25px;" type="text"/>	3. <input style="width: 90%; height: 25px;" type="text"/>

Full Names of others In control of the business	1. <input style="width: 90%; height: 25px;" type="text"/>	2. <input style="width: 90%; height: 25px;" type="text"/>	3. <input style="width: 90%; height: 25px;" type="text"/>
Job titles	1. <input style="width: 90%; height: 25px;" type="text"/>	2. <input style="width: 90%; height: 25px;" type="text"/>	3. <input style="width: 90%; height: 25px;" type="text"/>

PART 4 – USE OF THE ESTABLISHMENT

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

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

PART 5 – TRANSPORT OF PRODUCTS FROM THE ESTABLISHMENT

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

- Your own vehicle(s)
- Contract / Private Haulier
- Purchaser's own vehicle(s)
- 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)?

- Other businesses that manufacture or process food
- Wholesale packers
- Cold stores that are not part of the establishment to which this application relates
- Warehouses that are not part of the establishment to which this application relates
- Restaurants, hotels, canteens or similar catering businesses
- Take-away businesses
- Retail shops, supermarkets, stalls, or mobile vendors that you own
- Retail shops, supermarkets, stalls, or mobile vendors that you do not own
- Members of the public direct from the establishment to which this application relates
- 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"/>	
Cutting fresh (including chilled and frozen) meat, poultry meat or game:	<input type="checkbox"/>	<input type="checkbox"/>	
Storage of fresh (including chilled and frozen) meat, poultry or game:	<input type="checkbox"/>	<input type="checkbox"/>	

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).

- 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
- A description of the (proposed) food safety management system based on HACCP principles
- A description of the (proposed) establishment and equipment maintenance arrangements
- A description of the (proposed) establishment, equipment, and transport cleaning arrangements
- A description of the (proposed) waste collection and disposal arrangements
- A description of the (proposed) water supply
- A description of the (proposed) water supply quality testing arrangements
- A description of the (proposed) arrangements for product testing
- A description of the (proposed) pest control arrangements
- A description of the (proposed) monitoring arrangements for staff health
- A description of the (proposed) staff hygiene training arrangements
- A description of the (proposed) arrangements for record keeping
- 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

Stand-alone Cold Store

Full Details of Activities and Specific Products Handled

How many tonnes of product 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:

Telephone:

Fax:

E-mail:

IMPORTANT

Please notify any changes to the details you have given on this form, by writing to the address shown.