##### ARMAGH CITY BANBRIDGE & CRAIGAVON BOROUGH COUNCIL

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

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| --- |
| **To be completed by the food business operator** |

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| **Print a copy of this form and fill it in with a black pen in BLOCK CAPITALS, or complete it on screen.****Complete Parts 1 to 8 inclusive, and the specific sections of Part 9 that relate to the products of animal origin in respect of which you are applying for the approval of your establishment, then sign and date Part 10.** |

**PART 1 - Establishment for which approval is sought**

|  |  |
| --- | --- |
| Trading name |       |
|  |  |  |  |
| Full postal |       |
| Address |
|  |
|  | Postcode:       |

**PART 2 – Type(s) of product(s) of animal origin for which approval is sought**

Indicate the category of approval in respect of which you are applying for approval to use the establishment (tick all that apply)?

|  |
| --- |
| General Activity (Section O)\* |
| Cold Store (CS) | **[ ]**  |
| Re-wrapping and/or re-packing (RW) | **[ ]**  |
| Wholesale market (WM) | **[ ]**  |
| Reefer vessel (RV) | **[ ]**  |
| Minced meat, Meat preps and MSM (Section V) |
| Minced meat (MM) | **[ ]**  |
| Meat preparation (MP) | **[ ]**  |
| Mechanically separated meat (MSM) | **[ ]**  |
| Meat Products (Section VI) |
| Processing Plant (PP) | **[ ]**  |
| Live Bivalve Molluscs (Section VII) |
| Dispatch centre (DC) | **[ ]**  |
| Purification centre (PC) | **[ ]**  |
| Fishery Products (Section VIII) |
| Factory vessel (FV) | **[ ]**  |
| Freezing vessel (ZV) | **[ ]**  |
| Fresh fishery products plant (FFPP) |  |
| Processing plant (PP) | **[ ]**  |
| Wholesale market (WM) | **[ ]**  |
| Auction Hall (AH) | **[ ]**  |
| Dairy Products (Section IX) |
| Collection centre (CC) | **[ ]**  |
| Processing Plant (PP) | **[ ]**  |
| Egg and egg products (Section (X) |
| Packing centre (EPC) | **[ ]**  |
| Liquid egg plant (LEP) | **[ ]**  |
| Processing plant (PP) | **[ ]**  |
| Frogs Legs and Snails (Section XI) |
| Processing plant (PP) | **[ ]**  |
| Rendered Animal Fats and Greaves (XII) |
| Collection centre (CC) | **[ ]**  |
| Processing Plant (PP) | **[ ]**  |
| Treated Stomach, bladders and Intestines (XIII) |
| Processing Plant (PP) | **[ ]**  |
| Gelatine (Section XIV) |
| Processing Plant (PP) | **[ ]**  |
| Collagen (Section XV) |
| Processing Plant (PP) | **[ ]**  |
| Honey (Section XVI) |
| Producing Plant (PdP) | **[ ]**  |
| Sprouts (Part B Section I) |
| Producing Plant (PdP) | **[ ]**  |

\*as set out in the *Technical* *Specifications* *in* *Relation* *to* *the* *Master* *Lists* *and* *the* *Lists* *of* *EU* *Food* *Establishments* *and* *Other* *Specified* *Food* *Establishments* <http://ec.europa.eu/food/food/biosafety/establishments/techspecs_en.pdf>

**PART 3 – Food business operator and management of the establishment**

|  |
| --- |
| **PART 3 – Food Business Operator (FBO) details and Business structure** |
| Please indicate the type of business; Incorporation [ ]  now complete 3a*(Please place a cross in only one box)* Partnership [ ]  now complete 3b Sole trader [ ]  now complete 3b Other business [ ]  provide details on a separate sheet & attach\* |
| *(\* - Other business types will be treated on a case by case basis to identify the natural person or legal person required to be compliant with food law within the food business under their control)* |
|  |
| **3a – Incorporation details (as registered with Companies House or equivalent)** |
|  |
| Full company name  |       |
|  |
| Registered office address (inc. Postcode) |       |
|  |
| Company registration number |   |   |   |   |   |   |   |   |  |
|  |  |  |
| **Company Director/s**  |  |
|  |
| Title (Mr, Mrs, Ms, Miss, Dr) |      | Forename(s) |       | Surname |       |
|  |
| Title (Mr, Mrs, Ms, Miss, Dr) |      | Forename(s) |       | Surname |       |
|  |
| Title (Mr, Mrs, Ms, Miss, Dr) |      | Forename(s) |       | Surname |       |
|  |
| *(Provide full details for all Company Directors - If required continue on separate sheet and attach)* |
|  |
| **3b – Food Business Operator(s) (FBO) (complete only if Partnership / Sole trader)** |
|  |
| Title (Mr, Mrs, Ms, Miss, Dr) |      |  Forename(s) |       | Surname |       |
|  |
| Telephone number |       | Fax number |       | Mobilenumber |       |
|  |
| Home address (inc. Postcode) |       |
|  |
| Email |       |
|  |
| Title (Mr, Mrs, MS, Miss, Dr) |      | Forename(s) |       | Surname |       |
|  |
| Telephone number |       | Fax number |       | Mobilenumber |       |
|  |
| Home address (inc. Postcode) |       |
|  |
| Email |       |
|  |
| Title (Mr, Mrs, MS, Miss, Dr) |      | Forename(s) |       | Surname |       |
|  |
| Telephone number |       | Fax number |       | Mobilenumber |       |
|  |
| Home address (inc. Postcode) |       |
|  |
| Email |       |
|  |
| *(Provide full details for all Partners - If required continue on separate sheet and attach)* |

|  |
| --- |
|  **Establishment managers and contacts** |
| **Duly authorised representative of the Food Business Operator (FBO)**  |
|  |
| Title (Mr, Mrs, Ms, Miss, Dr) |      | Forename(s) |       | Surname |       |
|  |
| Telephone number |       | Fax number |       | Mobilenumber |       |
|  |
| Email |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Full names of managers | 1.       | 2.       | 3.       |
| of the establishment |
| Job titles | 1.       | 2.       | 3.       |
|  |
|  |  |  |  |
| Full Names of others  | 1.       | 2.       | 3.       |
| In control of the business |
| 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)?

|  |  |
| --- | --- |
| [ ]  | Stand-alone cold store |
| **[ ]**  | 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 |  | APPROVALCODE |
| Slaughter, including pigs, sheep, cattle, poultry, game etc: | **[ ]**  | **[ ]**  |       |
|  |  |  |  |
| Cutting fresh (including chilled and frozen) meat, poultry meat or game: | **[ ]**  | **[ ]**  |       |
|  |  |  |  |
| Storage of fresh (including chilled and frozen) meat, poultry or game: | **[ ]**  | **[ ]**  |       |

**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 - Products to be processed in the establishment / activities**

Which of the following activities will be conducted in the establishment? Indicate by giving the approximate quantities to be processed in kilograms or litres per week (tick all that apply).

**PART 9(1) – Minced Meat and Meat Preparations**

|  |  |
| --- | --- |
|       | Processing minced meat |
|       | Processing meat preparations |

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of minced meat in total will be processed in the establishment per week on average? |       |

|  |  |
| --- | --- |
| How many tonnes of meat preparations in total will be processed in the establishment per week on average? |       |

**PART 9(2) – Mechanically Separated Meat**

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of mechanically separated meat in total will be processed in the establishment per week on average? |       |

**PART 9(3) – Meat Products**

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of meat products will be processed in the establishment per week on average? |       |

**PART 9(4) – Live Bivalve Molluscs (Shellfish) / Fishery Products**

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of Live Bivalve Molluscs (Shellfish) / Fishery Products will be processed in the establishment per week on average? |       |

**PART 9(5) – Raw Milk / Dairy Products**

|  |  |
| --- | --- |
|       | Raw Milk |
|       | Dairy Products |

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many litres of Raw Milk willbe processed in the establishment per week on average? |       |

|  |  |
| --- | --- |
| How many litres / tonnes of Dairy Products willbe processed in the establishment per week on average? |       |

**PART 9(6) – Eggs (not Primary Production) / Egg Products**

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of Eggs willbe packed in the establishment per week on average? |       |

|  |  |
| --- | --- |
| How many litres of Egg Products will be processed in the establishment per week on average? |       |

**PART 9(7) – Frogs’ Legs and Snails**

|  |  |
| --- | --- |
|       | Frogs’ Legs |
|       | Snails |

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of frogs’ legs in total will be processed in the establishment per week on average? |       |

|  |  |
| --- | --- |
| How many tonnes of snails in total will be processed in the establishment per week on average? |       |

**PART 9(8) – Rendered Animal Fats and Greaves**

|  |  |
| --- | --- |
|       | Rendered Animal Fats |
|       | Greaves |

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of rendered animal fats will be processed in the establishment per week on average? |       |

|  |  |
| --- | --- |
| How many tonnes of greaves will be processed in the establishment per week on average? |       |

**PART 9(9) – Treated Stomachs, Bladders and Intestines**

|  |  |
| --- | --- |
|       | Treated Stomachs |
|       | Treated Bladders |
|       | Treated Intestines |

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of treated stomachs in total will be processed in the establishment per week on average? |       |
| How many tonnes of treated bladders in total will be processed in the establishment per week on average? |       |

|  |  |
| --- | --- |
| How many tonnes of treated intestines in total will be processed in the establishment per week on average? |       |

**PART 9(10) – Gelatine**

Full Details of Activities

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of gelatine in total will be processed in the establishment per week on average? |       |

**PART 9(11) – Collagen**

Full Details of Activities

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of collagen in total will be processed in the establishment per week on average? |       |

**PART 9(12) – Stand-alone Cold Store/re-wrapping and/or repackaging**

Full details of activities and specific products processed

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many tonnes of product will be processed in the establishment per week on average? |       |

**PART 10 – APPLICATION**

I hereby apply, on behalf of the business described in Part 1, for approval to use that establishment for the purposes of Processing products of animal origin for which Regulation (EC) No. 853/2004 lays down requirements, as set out in the relevant Parts of this document.

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

**N.B.** If you fail to complete all parts of this form your application for approval will not be processed.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Food Business Operator |  | Date |       |

|  |  |
| --- | --- |
| **Name in** **BLOCK LETTERS** |       |

**Publication** **of** **Food** **Business** **Operator** **information**

The Food Standards Agency (FSA) has a requirement under Regulation (EC) 882/2004 to publish details of all approved food establishments in the UK. The minimum detail to be included is the approval number; name of establishment; town/region; along with details of the activities which have been approved. This information is published on the FSA’s website - food.gov.uk. If approval is granted to your establishment, your details will be supplied to the FSA for publication.

In addition to this information, the FSA intends to also include the full postal address of approved establishment. This information helps enable potential customers find food producers in their area.

If you **DO** **NOT** want your full address details to be included please tick this box

If you need any help or advice about how to complete this form, or about the products to which the Regulation relates, or the circumstances in which approval under the Regulation 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, in writing to the District Council at the address shown. |
| Telephone:  |  |
| E-mail:  |  |
|  |  |
|  |  |
|  |  |
|  |  |