

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

To be completed by the food business operator

Print a copy of this form and fill it in with a black pen in BLOCK CAPITALS.

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: | | | |
| ART 2 – Type(s) of product(s) of animal origin for which approval is sought | | | |
| ndicate the product(s) of animal origin in respect of which you are applying for approval to use the establishment ick all that apply)? | | | |
| Minced Meat | | | |
| Meat Preparations | | | |
| Mechanically Separated Meat | | | |
| Meat Products | | | |
| Live Bivalve Molluscs (Shellfish) | | | |
| Fishery Products | | | |
| ☐ Dairy Products | | | |
| Eggs (not Primary Production) / Egg Products | | | |
| Frogs' Legs / Snails | | | |
| Rendered Animal Fats and Greaves | | | |
| Treated Stomachs, Bladders and Intestines | | | |
| Gelatine | | | |
| Collagen | | | |
| ART 3 – Food business operator and management of the establishment | | | |
| Name | | | |
| Address of Food Business | | | |
| Operator | | | |
| | | | |
| Postcode: | | | |
| Tol (Ingl. Dialling code) | | | |
| Tel (Incl. Dialling code) | | | |



| | E-mail | | | |
|--|---|-----------------------------|---------------------------------|------------|
| | Full names of managers | 1. | 2. | 3. |
| | of the establishment | 1. | 2. | 3. |
| | Job titles | 1. | 2. | 3. |
| | Job litles | 1. | 2. | 3. |
| | | | | |
| | Full Names of others | 1. | 2. | 3. |
| | In control of the business | | | |
| | Job titles | 1. | 2. | 3. |
| | | | | |
| | | | | |
| PAR | Γ 4 – Use of the establish | ment | | |
| Whic | h of the following activities | will be conducted in / from | the establishment (tick all the | at 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 ver | ndor | | |
| | Other (please specify) | | | |
| PAR | Γ 5 – Transport of produc | ts from the establishme | nt | |
| | will products be transported | | | |
| | · I | (| w app.j/. | |
| | 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 ma | anufacture or process food | l | |
| - | | | | |
| | Wholesale packers | | | |
| | | art 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) | | | |
| PAR | Γ 7 – Other activities on the same site | | | |
| Will a | any of the following activities be conducted on the same site as, or within, the establishment to which this cation for approval relates? | | | |
| • | APPROVAL | | | |
| , | YES NO CODE Slaughter, including pigs, sheep, cattle, | | | |
| · | poultry, game etc: | | | |
| Cu | tting fresh (including chilled and frozen) | | | |
| | meat, poultry meat or game: | | | |
| | Storage of fresh (including chilled and frozen) meat, poultry or game: | | | |
| | | | | |
| PAR | Γ 8 − Information and documentation | | | |
| form | following information is required in order to process your application and should be sent with this application if possible. Please indicate which information you are sending now (N.B. information that is not sent now will 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 | | | |



| PART 9 - Products to be handled in the establishment / activities |
|--|
| Which of the following activities will be conducted in the establishment? Indicate by giving the approximate quantities to be handled in kilograms or litres per week (tick all that apply). |
| PART 9(1) – Minced Meat and Meat Preparations |
| Handling minced meat |
| Handling meat preparations |
| Tranding meat preparations |
| Full details of activities and specific products handled |
| |
| How many tonnes of minced meat in total will be handled in the establishment per week on |
| average? |
| How many tonnes of meat preparations in total will be handled in the establishment per week on average? |
| PART 9(2) – Mechanically Separated Meat |
| Full details of activities and specific products handled |
| |
| |
| How many tonnes of mechanically separated meat in total will be handled in the establishment per week on average? |
| PART 9(3) – Meat Products |
| |
| Full details of activities and specific products handled |
| |
| |
| How many tonnes of meat products will be handled in the establishment per week on average? |
| PART 9(4) – Live Bivalve Molluscs (Shellfish) / Fishery Products |
| Full details of activities and specific products handled |
| The state of the s |
| |
| How many tonnes of Live Bivalve Molluscs (Shellfish) / Fishery Products will be handled 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 handled |
| |
| |
| How many litres of Raw Milk will be handled in the establishment per week on average? |
| How many litres / tonnes of Dairy Products will be handled in the establishment per week on average? |
| PART 9(6) – Eggs (not Primary Production) / Egg Products |
| Full details of activities and specific products handled |
| Tuli details of activities and specific products francied |
| |
| |
| How many tonnes of Eggs will be packed in the establishment per week on average? |
| |
| How many litres of Egg Products will be handled in the establishment per week on average? |
| PART 9(7) – Frogs' Legs and Snails |
| |
| Frogs' Legs |
| Snails |
| Full details of activities and specific products handled |
| |
| |
| How many tonnes of frogs' legs in total will be handled in the establishment per week on |
| average? |
| How many tonnes of snails in total will be handled 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 handled |
| ruii detaiis oi activities and specific products fiandied |
| |
| Full details of activities and specific products handled |



| How many tonnes of rendered animal fats will be handled in the establishment per week on average? |
|--|
| How many tonnes of greaves will be handled 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 handled |
| |
| How many tonnes of treated stomachs in total will be handled in the establishment per week on |
| average? |
| How many tonnes of treated bladders in total will be handled in the establishment per week on average? |
| How many tonnes of treated intestines in total will be handled in the establishment per week on average? |
| PART 9(10) – Gelatine |
| Full Details of Activities |
| |
| How many tonnes of gelatine in total will be handled in the establishment per week on average? |
| PART ((4) |
| PART 9(11) – Collagen |
| Full Details of Activities |
| How many tonnes of collagen in total will be handled in the establishment per week on average? |
| PART 9(12) – 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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|---|--------------|------|-------|-----------|--|
| μ | $\Delta R I$ | 70 - | | IC A LICK | |

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

| Signature of Food Business Operator | 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 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:

Wiltshire Council
Public Protection Services
County Hall
Bythesea Road
Trowbridge
Wiltshire
BA14 8JN

Telephone: 01225 770411

E-mail: publicprotectionwest@wiltshire.gov.uk

IMPORTANT

Please notify any changes to the details you have given on this form, in writing to the Food Authority at the address shown.

| Version | Date | By | Reason |
|---------|----------|------------|-------------|
| 1.0 | 05 08 09 | Anna Brett | LGR up-date |