# 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 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. Once the form has been completed it should be signed and dated in Part 10 then returned, along with all necessary accompanying information, to the Local Authority contact detailed in Part 10.

Most food law operating in the UK is derived from EU law. Following the end of the Implementation Period, these EU Food regulations have been retained as part of our domestic food law and have effect in domestic law immediately before exit day. Therefore from 1 January 2021 any references to EU Regulations should be read as referring to retained EU law which is published on [legislation.gov.uk](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.legislation.gov.uk%2F&data=04%7C01%7CKaren.Wardrope%40southlanarkshire.gov.uk%7C3904a6928283402fd7b208d97437e1c3%7Cd38231f1615c4749b323dc7c7ad5eeba%7C0%7C0%7C637668606684464058%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=4zgYMWD4Q9kdL6LNi7osWg%2BH8DpQsR2N1l9RZ7h0PE8%3D&reserved=0)

## PART 1 – Establishment for which the approval is sought

|  |  |
| --- | --- |
| Trading Name: |  |

|  |  |
| --- | --- |
| Full Postal  Address: | Postcode: |

## PART 2 – Category of Establishment for which approval is sought

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

|  |  |  |
| --- | --- | --- |
| **General Activity** | | |
| Cold store (CS) |  | |
| Re-wrapping and/or re-packaging (RW) |  | |
| Wholesale market (WM) |  | |
| Reefer vessel (RV) |  | |
| **Minced Meat, Meat Preps and MSM** | | |
| Minced meat (MM) |  | |
| Meat preparation (MP) |  | |
| Mechanically separated meat (MSM) |  | |
| **Meat Products** | | |
| Processing plant (PP) |  | |
| **Live Bivalve Molluscs** | | |
| Dispatch centre (DC) |  | |
| Purification Centre (PC) |  | |
| **Fishery Products** | | |
| Factory vessel (FV) |  | |
| Freezing vessel (ZV) |  | |
| Fresh fishery products plant (FFPP) |  | |
| Processing plant (PP) |  | |
| Wholesale market (WM) |  | |
| Auction hall (AH) |  | |
| **Dairy Products** | | | |
| Collection centre (CC) | | |  |
| Processing plant (PP) | | |  |
| **Egg and Egg Products** | | | |
| Packing centre (EPC) | | |  |
| Liquid egg plant (LEP) | | |  |
| Processing plant (PP) | | |  |
| **Frogs Legs and Snails** | | | |
| Processing plant (PP) | | |  |
| **Rendered Animal Fats and Greaves** | | | |
| Collection centre (CC) | | |  |
| Processing plant (PP) | | |  |
| **Treated Stomach, Bladders and Intestines** | | | |
| Processing plants (PP) | | |  |
| **Gelatine** | | | |
| Processing plant (PP) | | |  |
| **Collagen** | | | |
| Processing plant (PP) | | |  |

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

|  |  |
| --- | --- |
| Name and full Address of Food Business Operator: | Postcode: |

Tel (incl dialling code):

Fax (incl dialling code):

Email address:

Full names of managers of the establishment:

1.

2.

3.

Job titles of managers of the establishment:

1.

2.

3.

Full names of others in control of the business:

1.

2.

3.

Job titles of others in control of the business:

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)?

Cold store

Wholesale market

Manufacture

Other processing (please specify)

Packing

Re-wrapping / Re-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

Intention to Export:  Yes1  No2 2 If no, the FBO will not be added to the

EU approvals list or TRACES NT.

1  If Yes, is this:

Within the EU Outwith the EU or EU and non-EU

For exporting purposes, please indicate which codes are to be recorded on the European Commission’s TRACES NT system:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Approval Category | Operator Activities | Please tick |
| GEN | General activity establishment | CS – Cold Stores |  |
|  | – non-EU | RV – Reefer Vessel |  |
|  |  | RW – Re-wrapping Establishment |  |
|  |  | WM – Wholesale Market |  |
| MM | Minced meat, meat separated | CS – Cold Stores |  |
|  | preparations and mechanically | MM -Mince Meat Plant |  |
|  | meat (MSM) | MP – Meat Preparation Plant |  |
|  |  | MSM – Mechanically Separated Meat Plant |  |
| RPM | Meat products | CS – Cold Stores |  |
|  |  | PP – Processing Plant |  |
|  |  | SH – Slaughterhouse |  |
| LBM | Live bivalve molluscs | PC – Purification Centre |  |
|  |  | Z – Production Areas |  |
|  |  | DC – Dispatch Centre |  |
| FFP | Fishery products | AH – Auction Hall |  |
|  |  | CS – Cold Stores |  |
|  |  | FV – Factory Vessel |  |
|  |  | PP – Processing Plant |  |
|  |  | RV – Reefer Vessel |  |
|  |  | WM – Wholesale Market |  |
|  |  | ZV – Freezer Vessel |  |
| MMP | Raw milk, dairy products, | CS – Cold Stores |  |
|  | colostrum and colostrum- | PP – Processing Plant |  |
|  | based products |  |  |
| EPP | Eggs and egg products | CS – Cold Stores |  |
|  |  | EPC – Egg-packing Centre |  |
|  |  | LEP – Liquid Egg Plant |  |
|  |  | PP – Processing Plant |  |
| FLS | Frogs’ legs and snails | CS – Cold Stores |  |
|  |  | PP – Processing Plant |  |
| FAT | Rendered animal fats and greaves | PP – Processing Plant |  |
| CAS | Treated stomachs, bladders and intestines: casings only | PP – Processing Plant |  |
| GEL | Gelatine | PP – Processing Plant |  |
| COL | Collagen | PP – Processing Plant |  |

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: |  |  |  |
| 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 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). **NB:** “General Activities Establishments (cold stores, re-wrapping/re-packing and wholesale market”, should only complete Part 9(12).

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

Handling minced meat

Handling 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:

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| --- |
|  |

|  |  |
| --- | --- |
| 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:

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| --- |
|  |

|  |  |
| --- | --- |
| 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:

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| --- |
|  |

|  |  |
| --- | --- |
| 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:

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| --- |
|  |

|  |  |
| --- | --- |
| How many litres of Raw Milk will be handled in the establishment per week on average? |  |

|  |  |
| --- | --- |
| How many litres / tonnes of Dairy Products Milk 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:

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| --- |
|  |

|  |  |
| --- | --- |
| 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:

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| --- |
|  |

|  |  |
| --- | --- |
| 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:

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| --- |
|  |

|  |  |
| --- | --- |
| 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:

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| --- |
|  |

|  |  |
| --- | --- |
| 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 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) – General Activity Establishment

Full details of activities and specific products handled:

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| --- |
|  |

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

## PART 10 – Application

I hereby apply, as food business operator of the establishment details 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:

Contact Name:

**IMPORTANT**

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

Name and address of Food Authority:

Telephone:

Fax:

Email: