

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

|  |
| --- |
| **PROTECT COMMERCIAL WHEN COMPLETED** |

Please complete this form with a black pen in BLOCK CAPITALS. If completed on screen, please print off a copy, sign, date and either post or submit a scanned copy by email to:

**Contact Name:** FSA in NI

**Address:** 10A-C Clarendon Road

Belfast

BT1 3BG

**Telephone:** 0330 332 7149

**E-mail:** [executive.support@food.gov.uk](mailto:executive.support@food.gov.uk)

The DAERA officer responsible for assessing the application will make an appointment in due course to inspect the establishment. This will be followed by an inspection by FSA in order to assess whether it may be granted approval.

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 FSA in NI.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PART 1 – Establishment for which approval is sought** | | | | | | |
| Trading name  (if applicable) | | |  | | | |
|  | | | | | | |
| *(Trading name is the name under which someone carries on business other than their own i.e. the approval name)* | | | | | | |
|  | | | | | | |
| Full establishment address  (inc. Postcode) | |  | | | Telephone  number |  |
|  | |  | | |  | |
|  | |  | | |
|  | | | | | | |
| Email |  | | | | | |
|  |  | | | | | |
| **Please select one of the following three options:** | | | | | | |
| **1.** New approval | | | | **2.** Additional Activities  Approval no: UK/     /EC UK/     /EC | | |
| **3.** Change to Business Ownership  Date of change: | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 2 – Food Business Operator (FBO) details and Business structure** | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the type of business; Incorporation  now complete 2a  *(Please place a cross in only one box)* Partnership  now complete 2b  Sole trader  now complete 2b  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)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **2a – 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)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **2b – Food Business Operator(s) (FBO) (complete only if Partnership / Sole trader)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Title (Mr, Mrs,  Ms, Miss, Dr) |  | | | | | Forename(s) | | |  | | | | | | | | | | | Surname | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone  number | | |  | | | | | | | Fax  number | | | | |  | | | | | | | Mobile number | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address  (inc. Postcode) | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Title (Mr, Mrs, MS, Miss, Dr) | |  | | | Forename(s) | | |  | | | | | | | | | | | | Surname | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone  number | |  | | | | | | | | Fax  number | | | | |  | | | | | | | Mobile number | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address  (inc. Postcode) | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Title (Mr, Mrs, MS, Miss, Dr) | |  | | | Forename(s) | | | |  | | | | | | | | | | | Surname | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone  number | |  | | | | | | | | Fax  number | | | | |  | | | | | | | Mobile number | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address  (inc. Postcode) | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Provide full details for all Partners - If required continue on separate sheet and attach)* | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 3 – 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 | |  | | | | | Mobile number | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Finance / Invoicing Contact[[1]](#footnote-1)**  **Approved meat establishments are subject to veterinary supervision by the FSA for which charges apply. Please give details of the contact person, address and email address the FSA should use for sending financial information including invoices and statements.** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Title (Mr, Mrs, Ms, Miss, Dr) | | | |  | Forename(s) | | | | |  | | | | | Surname | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Invoicing address (inc. Postcode) | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone  number | | | |  | | | | | | | Fax  number | |  | | | | | Mobile number | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Preferred method of communication: Post… Fax… Email… *(Please place a cross in only one box)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Throughput queries contact (if different from above)** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Title (Mr, Mrs, Ms, Miss, Dr) | | | |  | Forename(s) | | | | |  | | | | | Surname | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone  number | | | |  | | | | | | | Fax  number | |  | | | | | Mobile number | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Preferred method of communication: Post… Fax… Email… *(Please place a cross in only one box)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Out of Hours Emergency Contact information (Optional)** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| The FSA may require to contact the FBO should there be an emergency and for contingency planning purposes (e.g. foot & mouth outbreak). This information is voluntary and is not specifically collected as part of legislation. The FBO, at any time, can request the FSA remove these details or requests any data to be amended to reflect changes in their contact details. The information will be treated as confidential and only limited members of the organisation will have access. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone number  (Out of hours) | | | | | | | |  | | | | | | Mobile number | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **PART 4 – Seasonal pattern** | | | | | | | | | | | | | | | | | | | | | | |
| Do you intend to operate a pattern of seasonal slaughtering / processing? .................YES  NO  If **YES**, please place a cross in the box beside the expected month(s) of operation | | | | | | | | | | | | | | | | | | | | | | |
|  | January | | | | |  | | | April | | |  | July | | |  | October | | | |  |  |
|  | February | | | | |  | | | May | | |  | August | | |  | November | | | |  |  |
|  | March | | | | |  | | | June | | |  | September | | |  | December | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **PART 5 – Establishment for which approval is sought** |

*(Please tick all that apply)*

| Establishment | | Activities for which approval is sought *(Please place a cross in the boxes for all that apply)* | | **Estimated average throughput (number of animals slaughtered or in tonnes[[2]](#footnote-2)** |
| --- | --- | --- | --- | --- |
| **Slaughterhouse**  (NB: a slaughterhouse may be approved without slaughter facilities if its activities are limited to the dressing of carcases of farmed or large wild game.) | | **Slaughter of domestic ungulates:** | | |
|  | | Cattle (Bovine) |  |  |
|  | | Calves (Bovine) |  |  |
|  | | Bison |  |  |
|  | | Water buffalo |  |  |
|  | | Sheep (Ovine) |  |  |
|  | | Goats (Caprine) |  |  |
|  | | Pigs (Porcine) |  |  |
|  | | **Slaughter and/or dressing of**: | | |
|  | | Farmed land mammals (other than domestic ungulates) |  |  |
|  | | Farmed deer |  |  |
|  | | Farmed wild boar |  |  |
|  | | Domestic solipeds/equidae (horses) |  |  |
|  | | Ratites (e.g. ostrich, rhea, emu) |  |  |
|  | | **Slaughter of**: | | |
|  | | Domestic fowl (e.g. chickens, hens and broilers) |  |  |
|  | | Turkey |  |  |
|  | | Duck |  |  |
|  | | Geese |  |  |
|  | | Guinea fowl |  |  |
|  | | Quail |  |  |
|  | | Ratites (e.g. ostrich, rhea, meu) |  |  |
|  | | Lagomorphs (e.g. rabbits, hares and rodents) |  |  |
| **Game handling establishment** | |  | | |
|  | | **Dressing of:** |  |  |
|  | | Large wild game (e.g. deer and feral wild boar) |  |  |
|  | | Small wild game in-feather (e.g. pheasants, pigeons and grouse) |  |  |
|  | | Small wild game in fur (e.g. rabbits, hares and rodents) |  |  |
| **Cutting plant**  Cutting of meat from  (Refer to Slaughterhouse and Game Handling establishment for definitions of species groups) | | **Cutting of:** | | |
|  | | Domestic ungulates (red meat**)** |  |  |
|  | | Farmed birds and lagomorphs (white meat) |  |  |
|  | | Large wild game |  |  |
|  | | Small wild game |  |  |
|  | | Farmed game |  |  |
| **On farm slaughter facilities** | | **Slaughter at the place of origin of**: | | |
|  | | Domestic fowls (e.g. chickens, hens and broilers) |  |  |
|  | | Turkey |  |  |
|  | | Duck |  |  |
|  | | Geese |  |  |
|  | | Guinea fowl |  |  |
|  | | Quail |  |  |
|  | | Ratites (e.g. ostrich, rhea, emu) |  |  |
|  | | Farmed deer |  |  |
|  | | Farmed wild boar |  |  |
|  | | Bison |  |  |
|  | | Water buffalo |  |  |
| **Wholesale market**  (tick the boxes for other establishment types for the activities that apply) | Shared common installations and sections where foodstuffs are sold | |  |  |
|  | Separate market unit sharing common installations and sections where foodstuffs are sold | |  |  |
| **Where co-located with a slaughterhouse, cutting plant or game handling establishment (stand alone establishments may require approval by the district council):** | | | | |
|  | | Please specify species  below | | |
| **Minced meat establishment** | | Production of minced meat |  |  |
|  | | Production of minced meat (to be eaten less than thoroughly cooked (e.g. rare burgers)) |  |  |
| **Meat preparations establishment** | | Production of meat preparations |  |  |
|  | | Production of meat preparations (to be eaten less than thoroughly cooked (e.g. rare burgers)) |  |  |
| **Mechanically separated meat establishment** | | Production of mechanically separated meat |  |  |
| **Processing plant**  Processing/producing of: | | Meat products (to be cooked before eating) |  |  |
|  | | Ready to eat meat products |  |  |
|  | | Rendered animal fats and greaves |  |  |
|  | | Treated stomach, bladders and intestines |  |  |
|  | | Gelatine |  |  |
|  | | Collagen |  |  |
| **Cold store**  (Does not refer to cold storage of product manufactured at the establishment – only product which is brought into the establishment for  distribution) | | Storage of Products of Animal Origin (fresh or processed) |  |  |
| **Re-packaging establishments** | | Re-packaging of products of animal origin (fresh or processed |  |  |
| **Re-wrapping establishment** | | Re-wrapping of products of animal origin not including ready to eat |  |  |
| **RAW MILK AND DAIRY** Please specify species  below | | | | |
| **Standalone liquid milk processing establishment** | | Pasteurisation of liquid milk (i.e. processing of **raw** milk to which no ingredients have been added e.g. cream, buttermilk,) |  |  |
| **Collection centre** | | Collection & temporary storage of raw liquid milk |  |  |
| **Cold store**  (Does not refer to cold storage of product manufactured at the establishment – only liquid milk products which are brought into the establishment for  distribution) | | Storage of liquid milk products |  |  |
| **Where co-located or integrated with a liquid milk processing establishment (otherwise approved by the District Council):** | | | | |
| **Processing plant** | | Dairy products |  |  |
| **EGGS AND EGG PRODUCTS** | | | | |
| **Egg packing centre** | | Packing and grading of eggs by quality and weight |  |  |
| **Where co-located or integrated with a egg packing centre (otherwise approved by the District Council):** | | | | |
| **Processing plant** | | Egg products |  |  |
|  | | Production of liquid egg |  |  |
| If your establishment also handles or intends to handle products of animal origin requiring approval under Regulation (EC) No 853/2004 (other than identified above) state those operations below: | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **PART 6 – Information and documentation** | | |
| **The following information is required in order to further process your application and must be submitted with the application form.** | | |
| * A site plan and a buildings plan |  |
| * A description of the proposed method of operation |  |
| * A description of the proposed equipment maintenance arrangements |  |
| * A description of the proposed equipment and transport cleaning arrangements |  |
| * A description of the proposed arrangements for the acceptance of raw materials including live animals if appropriate |  |
| * A description of the proposed waste collection and disposal arrangements |  |
| * A description of the proposed water supply |  |
| * A description of the proposed water 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 7 – Application**

|  |  |  |  |
| --- | --- | --- | --- |
| 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. Please note that the granting of FSA approval under the hygiene legislation in no way removes any obligation you may have; to apply for planning permission / building control for any building works you undertake or the change of use of any building, within the approved establishment. Please contact your District Council for relevant advice.

Please note the FSA will not consider any application for additional activities if your current audit outcome is **Improvement Necessary** or **Urgent Improvement Necessary**.

I hereby apply, on behalf of the business described in Part 2, for approval to use premises at the address specified in Part 1 for the purpose of handling products to which both Regulation (EC) No 852/2004 and Regulation (EC) No 853/2004 apply, to be approved under Regulation (EC) No 853/2004

|  |  |  |  |
| --- | --- | --- | --- |
| Name in BLOCK LETTERS |  | Date |  |

**Signature**



**Publication of food business operator information**

The Food Standards Agency (FSA) publishes 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 for publication.

In addition to this information, the FSA intends to also include the full postal address of approved establishments. 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

|  |
| --- |
| **IMPORTANT**  Activities that require approval must not be undertaken until the appropriate approval is granted. Once approved Article 6(2) of Regulation (EC) No 852/2004 states the FBO is to “ensure that the competent authority always has up-to-date information on establishments, including by notifying, any significant change in activities and any closure of an existing establishment”. Not complying with this requirement is an offence under the Food Hygiene Regulations (Northern Ireland) 2006. |

|  |
| --- |
| **PART 8 – Data Protection**  We need to collect this information for the purposes of fulfilling our statutory obligations under Regulation (EU) 2017/625 in relation to feed and food official controls, animal health and animal welfare rules.  For more information on how the FSA handles your data, please refer to our [Privacy notice for approved meat establishments and applications for approval](https://www.food.gov.uk/about-us/privacy-notice-for-approved-meat-establishments-and-applications-for-approval). |

1. **not currently applicable for approved dairy and egg establishments** [↑](#footnote-ref-1)
2. Throughput in Tonnes: in cutting plants is defined as “the number of tonnes of meat brought into the establishment concerned during that period to be cut up or boned there.” This should include the weight of the bone prior to any cutting or boning taking place. [↑](#footnote-ref-2)