

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

Please complete with a black pen in BLOCK CAPITALS

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 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)?

<input type="checkbox"/>	<b>Minced Meat</b>
<input type="checkbox"/>	<b>Meat Preparations</b>
<input type="checkbox"/>	<b>Mechanically Separated Meat</b>
<input type="checkbox"/>	<b>Meat Products</b>
<input type="checkbox"/>	<b>Live Bivalve Molluscs (Shellfish)</b>
<input type="checkbox"/>	<b>Fishery Products</b>
<input type="checkbox"/>	<b>Dairy Products</b>
<input type="checkbox"/>	<b>Eggs (not Primary Production) / Egg Products</b>
<input type="checkbox"/>	<b>Meat (Stand-Alone Cold Store)</b>

## PART 2 – ESTABLISHMENT FOR WHICH APPROVAL IS SOUGHT (THE ESTABLISHMENT)

Trading name

Full postal address

## PART 3 – FOOD BUSINESS OPERATOR AND MANAGEMENT OF THE ESTABLISHMENT

Name and full address of  
Food Business Operator

Full names of managers of the Premises	1.	2.	3.
	Job titles	1.	2.
Full Names of others in control of the business	1.	2.	3.
	Job titles	1.	2.

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**PART 4 – USE OF THE ESTABLISHMENT**

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

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

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**PART 5 – TRANSPORT OF PRODUCTS FROM THE ESTABLISHMENT**

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

- |                          |                            |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Your own vehicle(s)        |
| <input type="checkbox"/> | Contract / Private Haulier |
| <input type="checkbox"/> | Purchaser's own vehicle(s) |
| <input type="checkbox"/> | Other (please specify)     |

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**PART 6 – SUPPLY OF PRODUCTS FROM THE ESTABLISHMENT TO OTHER ESTABLISHMENTS**

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Which of the following will be supplied with products from the establishment (tick all that apply)?

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Other businesses that manufacture or process food                                     |
| <input type="checkbox"/> | Wholesale packers   |
| <input type="checkbox"/> | Cold stores that are not part of the establishment to which this application relates  |
| <input type="checkbox"/> | Warehouses that are not part of the establishment to which this application relates   |
| <input type="checkbox"/> | Restaurants, hotels, canteens or similar catering businesses                          |
| <input type="checkbox"/> | Take-away businesses  |
| <input type="checkbox"/> | Retail shops, supermarkets, stalls, or mobile vendors that you own                    |
| <input type="checkbox"/> | Retail shops, supermarkets, stalls, or mobile vendors that you do not own             |
| <input type="checkbox"/> | Members of the public direct from the establishment to which this application relates |
| <input type="checkbox"/> | Other (please specify)  |

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**PART 7 – OTHER ACTIVITIES ON THE SAME SITE**

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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"/>	<input type="text"/>
Cutting fresh (including chilled and frozen) meat, poultry meat or game:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Storage of fresh (including chilled and frozen) meat, poultry or game:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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**PART 8 – INFORMATION AND DOCUMENTATION**

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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 storage and processing and raw materials, product and waste, and the layout of facilities and equipment.
- 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.

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**PART 9 – ACTIVITIES / PRODUCTS TO BE HANDLED IN THE ESTABLISHMENT**

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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).

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

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- Handling minced meat
- Handling meat preparations

Full Details of Activities and Specific Products Handled

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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

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How many tonnes of mechanically separated meat in total will be handled in the establishment per week on average?	
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**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?	
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**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?	
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**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 <b>will</b> be handled in the establishment per week on average?	
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How many tonnes of dairy products <b>will</b> be handled in the establishment per week on average?	
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**PART 9(6) – Eggs (not Primary Production) / Egg Products**

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Full Details of Activities and Specific Products Handled

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How many tonnes of eggs <b>will</b> be packed in the establishment per week on average?	
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How many litres of egg products <b>will</b> be handled in the establishment per week on average?	
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How many tonnes of collagen in total will be handled in the establishment per week on average?	
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**PART 9(13) – Meat (Stand-Alone Cold Store)**

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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?	
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**PART 10 – APPLICATION**

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Name of applicant	
Position in business	
Name of contact	
Position in business	
Tel (including dialling code)	
Fax (including 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

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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.

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When you have completed this form and collected the other information required, please send it to:

Environmental Health Department,  
North Norfolk District Council  
Council Offices, Holt Road  
Cromer  
Norfolk  
NR27 9EN

Tel. 01263 516008  
Fax 01263 514627  
e-mail [commercial@north-norfolk.gov.uk](mailto:commercial@north-norfolk.gov.uk)

**IMPORTANT**

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