

PROTECT COMMERCIAL WHEN COMPLETED

Please complete this form in black ink using BLOCK CAPITALS or complete on screen. The completed form should be submitted as detailed at the end of this form. A Veterinary Manager will be responsible for assessing the application and will make an appointment in due course to inspect the premises in order to assess whether it may be granted approval or conditional approval. If you need 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 Approvals Team on 01904 456182 or email approvals@foodstandards.gov.uk

PART 1 – Establishment for which approval is sought

Approval name

(Approval name is the name of the sole trader, partner/s or legal entity of the business)

Trading name
(if applicable)

(Trading name is any name under which someone carries on business other than their own i.e. the approval name)

Full establishment address (inc. Postcode)	<input style="width: 95%; height: 50px;" type="text"/>	Telephone number	<input style="width: 95%; height: 30px;" type="text"/>
		Fax number	<input style="width: 95%; height: 30px;" type="text"/>

Email

PART 2 – Type of establishment(s) and activities for which approval is sought

Establishment	Activities for which approval is sought	<i>(Please place a cross in the boxes for all that apply)</i>	Estimated average weekly throughput
Slaughterhouse	Slaughter of Domestic Ungulates:		
	• Cattle (Bovine)	<input type="checkbox"/>	
	• Calves (Bovine)	<input type="checkbox"/>	
	• Bison	<input type="checkbox"/>	
	• Water buffalo	<input type="checkbox"/>	
	• Sheep (Ovine)	<input type="checkbox"/>	
	• Goats (Caprine)	<input type="checkbox"/>	
	• Pigs (Porcine)	<input type="checkbox"/>	
	Slaughter and/or Dressing of:		
	• Farmed land mammals (other than domestic ungulates)	<input type="checkbox"/>	
	• Farmed Deer	<input type="checkbox"/>	
	• Farmed Wild Boar	<input type="checkbox"/>	
	• Domestic Soliped / Equidae (horses)	<input type="checkbox"/>	
	• Ratites (e.g. Ostrich, rhea & emu)	<input type="checkbox"/>	
	Slaughter of Farmed Birds & Lagomorphs:		
	• Domestic Fowl (e.g. Chickens, hens & broilers)	<input type="checkbox"/>	
	• Turkey	<input type="checkbox"/>	
	• Duck	<input type="checkbox"/>	
	• Geese	<input type="checkbox"/>	
	• Guinea fowl	<input type="checkbox"/>	
	• Quail	<input type="checkbox"/>	
	• Pigeon	<input type="checkbox"/>	
	• Ratites (e.g. Ostrich, rhea & emu)	<input type="checkbox"/>	
• Lagomorphs (e.g. rabbits, hares and rodents)	<input type="checkbox"/>		

PART 2 – continued...

Establishment	Activities for which approval is sought <i>(Please place a cross in the boxes for all that apply)</i>	Estimated average weekly throughput
Game Handling establishment	Dressing & cutting of:	
	• Large wild game (e.g. wild deer & feral wild boar) <input type="checkbox"/>	
	• Small wild game in-feather (e.g. pheasants, pigeons & grouse) <input type="checkbox"/>	
	• Small wild game in-fur (e.g. rabbits, hares & rodents) <input type="checkbox"/>	
Cutting Plant <i>(Refer to Slaughterhouse and Game Handling establishment for definitions of species groups)</i>	Cutting of meat from:	
	• Domestic ungulates (Red meat) <input type="checkbox"/>	
	• Farmed birds & lagomorphs (White meat) <input type="checkbox"/>	
	• Large wild game <input type="checkbox"/>	
	• Small wild game <input type="checkbox"/>	
	• Farmed game <input type="checkbox"/>	
On Farm Slaughter facilities	Slaughter at the place of origin of:	
	• Domestic Fowls (e.g. Chickens, hens & broilers) <input type="checkbox"/>	
	• Turkey <input type="checkbox"/>	
	• Duck <input type="checkbox"/>	
	• Geese <input type="checkbox"/>	
	• Guinea fowl <input type="checkbox"/>	
	• Quail <input type="checkbox"/>	
	• Ratites (e.g. Ostrich, rhea & emu) <input type="checkbox"/>	
	• Farmed Deer <input type="checkbox"/>	
	• Farmed Wild Boar <input type="checkbox"/>	
	• Bison <input type="checkbox"/>	
Wholesale market	• Shared common installations and sections where foodstuffs are sold <input type="checkbox"/>	-
	• A separate market unit which shares common installations and sections where foodstuffs are sold <input type="checkbox"/>	-
<i>(also place a cross in the boxes for other establishment types for the activities that apply)</i>		
Where co-located with a slaughterhouse, cutting plant or game handling establishment (stand alone establishments may require approval by the Local Authority):		
Minced meat establishment	• Production of minced meat <input type="checkbox"/>	
Meat preparations establishment	• Production of meat preparations <input type="checkbox"/>	
Mechanically separated meat establishment	• Production of mechanically separated meat <input type="checkbox"/>	
Processing Plant	Processing of:	
	• Meat products <i>(to be cooked before eating)</i> <input type="checkbox"/>	
	• Ready to eat meat products <input type="checkbox"/>	
	• Rendered animal fats and greaves <input type="checkbox"/>	
	• Treated stomach, bladders & intestines <input type="checkbox"/>	
	• Gelatine <input type="checkbox"/>	
	• Collagen <input type="checkbox"/>	
Cold Store	• Storage of Products of Animal Origin (fresh or processed) <input type="checkbox"/>	
Re-wrapping establishments	• Re-wrapping of Products of Animal Origin (fresh or processed) <input type="checkbox"/>	

If your establishment also handles or intends to handle other Products of Animal Origin requiring approval under Regulation (EC) No 853/2004 state those operations below:

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PART 3 – Food Business Operator (FBO) details and Business structure

Please indicate the type of business;
(Please place a cross in only one box)

Incorporation now complete 3a
Partnership now complete 3b
Sole trader now complete 3b
Other business type 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 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 4 – Establishment managers and contacts

Duly authorised representative of the Food Business Operator (FBO)

Title (Mr, Mrs, Ms, Miss, Dr)	<input type="checkbox"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>				

Health & Safety Contact (if different from above)

Title (Mr, Mrs, Ms, Miss, Dr)	<input type="checkbox"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>				

Finance / Invoicing Contact

Approved 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)	<input type="checkbox"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Invoicing address (inc. Postcode)	<input type="text"/>				
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>				

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)	<input type="checkbox"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>				

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	<input type="text"/>				
Telephone number (Out of hours)	<input type="text"/>	Mobile number	<input type="text"/>		
Email	<input type="text"/>				

PART 5 – 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 <input type="checkbox"/>	April <input type="checkbox"/>	July <input type="checkbox"/>	October <input type="checkbox"/>
February <input type="checkbox"/>	May <input type="checkbox"/>	August <input type="checkbox"/>	November <input type="checkbox"/>
March <input type="checkbox"/>	June <input type="checkbox"/>	September <input type="checkbox"/>	December <input type="checkbox"/>

PART 6 – Information and documentation

The following information is required in order to process your application and should be made available at the establishment to the Veterinary Manager (VM) carrying out the approval assessment visit. The VM will contact you if he/she requires any of this information to be sent to him/her in advance of his/her visit.

- A site location plan and a buildings layout plan (A3/A4 size only).....
 - 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) waste collection and disposal arrangements.....
 - 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 identification mark to product packaging & wrapping ..
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PART 7 – Application

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

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

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 2006.

Please submit the completed form by either fax on: 01904 455420 or post to:

**Food Standards Agency
Approvals Team
Room 112, Kings Pool
Peasholme Green
York YO1 7PR**

**Alternatively complete on screen, print off, sign and submit a scanned copy by email to:
approvals@foodstandards.gov.uk**
