
PART 3 – FOOD BUSINESS OPERATOR AND MANAGEMENT OF THE ESTABLISHMENT

Name and full
Address of Food Business
Operator

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|-----------|
| Postcode: |
|-----------|

Full names of managers
of The Premises

| | | |
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| 1. | 2. | 3. |
|----|----|----|

Job titles

| | | |
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| 1. | 2. | 3. |
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Full Names of others
In control of the business

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| 1. | 2. | 3. |
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Job titles

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| 1. | 2. | 3. |
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PART 4 – USE OF THE ESTABLISHMENT

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

- 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 vendor
- Other (please specify)
-

PART 5 – TRANSPORT OF PRODUCTS FROM THE ESTABLISHMENT

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: | <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"/> |

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) 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 – ACTIVITIES / PRODUCTS TO BE HANDLED IN THE ESTABLISHMENT

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

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Handling minced meat |
| <input type="checkbox"/> | 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? | |
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| How many tonnes of meat preparations in total will be handled in the establishment per week on average? | |
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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

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|--------------------------|----------------|
| <input type="checkbox"/> | Raw Milk |
| <input type="checkbox"/> | 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? | <input type="text"/> |
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| How many tonnes of Dairy Products will be handled in the establishment per week on average? | <input type="text"/> |
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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? | <input type="text"/> |
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| How many litres of Egg Products will be handled in the establishment per week on average? | <input type="text"/> |
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PART 9(7) – Frogs' Legs and Snails

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| <input type="checkbox"/> | Frogs' Legs |
| <input type="checkbox"/> | 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? | <input type="text"/> |
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| How many tonnes of snails in total will be handled in the establishment per week on average? | <input type="text"/> |
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PART 9(8) – Rendered Animal Fats and Greaves

Full Details of Activities and Specific Products Handled

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| How many tonnes of Animal Fats and Greaves will be rendered in the establishment per week on average? | <input type="text"/> |
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PART 9(9) – Treated Stomachs, Bladders and Intestines

Full Details of Activities and Specific Products Handled

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| How many tonnes of stomachs, bladders and intestines will be treated in the establishment per week on average? | |
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PART 9(10) – Gelatine

Full Details of Activities

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| How many tonnes of gelatine in total will be handled in the establishment per week on average? | |
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PART 9(11) – Collagen

Full Details of Activities

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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(12) – Raw Material for the Manufacture of Gelatine or Collagen for Human Consumption (Collection Centre or Tannery)

Full Details of Activities and Specific Products Handled

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PART 9(13) – Meat (Stand-Alone Cold Store)

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

Name of applicant
Position in business

Name of contact
Position in business
Tel (incl. Dialling code)
Fax (incl. 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

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.

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

**Food, Safety and Health
Homes and Safer Communities
Carmarthenshire County Council
3 Spilman Street
Carmarthen
Carmarthenshire
SA31 1LE**

IMPORTANT

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