

APPLICATION FOR REGISTRATION

Issue Date: 15th October 2010
Rev: No 1
Ref: SOP No. D13 – Appendix A
Page 1 of 1

Application for Registration of Food Business Establishments under Regulation (EC) No 852/2004 on the hygiene of foodstuffs EC (Food and Feed Hygiene) Regulations, 2009 (S.I. 432 of 2009)

Please return this completed form {and accompanying documentation where relevant } to:
THE VETERINARY DEPARTMENT Local County Council / City Council

I/We, _____
(Company Name/Sole trader Name)

of, _____

(Registered Address of Company/ Home address of Sole Trader)

Company's registered number: _____

Hereby apply, to the Local Authority named above, for Registration, under the above Regulations, for the Establishment outlined below:

(Address of Establishment/ Registration Number of Vehicle if Movable Establishment)

Phone No: _____ Fax No: _____ Email: _____

Category of Food Business:

Wholesale Slaughterhouse Other (please specify) _____

Specify main activities carried out in the establishment _____

Hours of Operation _____

Date the food business operator intends to commence activities, if a new establishment _____

Period during which it is intended to operate each year (if this is a seasonal business) _____

Estimated maximum weekly throughput (in Kg/Tonnes/No.'s of Birds/Animals) _____

Signed _____

Date _____

Block Letters _____

Status _____

(e.g. owner, manager etc)