

# APPLICATION FOR REGISTRATION

Issue Date: 15<sup>th</sup> October 2010  
Rev: No 1  
Ref: SOP No. D13 – Appendix A  
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## 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)