



## Application for Approval of Fishery Products/Live Bivalve Molluscs under Regulation (EC) No. 853/2004

Print a copy of this form and fill it in with a black pen in BLOCK CAPITALS, or complete it on screen. Complete 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)?

- Live Bivalve Molluscs (Shellfish)  
 Fishery Products

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

Trading name

Full postal  
Address

Postcode:

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

Name and full  
Address of Food Business  
Operator

Postcode:

Full names of managers  
of The Establishment

1.

2.

3.

Job titles

1.

2.

3.

Full Names of others  
in control of the business  
& job titles  
(i.e. Director or partner)

1.

2.

3.

4.

5.

6.

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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)?

- 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)

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**PART 5 – 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)?

- 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)

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**PART 6 – TRANSPORT OF PRODUCTS FROM THE ESTABLISHMENT**

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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)

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**PART 7 – 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).

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | A description of the (proposed) food safety management system based on HACCP principles   |
| <input type="checkbox"/> | A description of the (proposed) establishment and equipment maintenance arrangements  |
| <input type="checkbox"/> | A description of the (proposed) establishment, equipment , and transport cleaning arrangements  |
| <input type="checkbox"/> | A description of the (proposed) waste collection and disposal arrangements  |
| <input type="checkbox"/> | A description of the (proposed) water supply  |
| <input type="checkbox"/> | A description of the (proposed) water supply quality testing arrangements   |
| <input type="checkbox"/> | A description of the (proposed) arrangements for product testing  |
| <input type="checkbox"/> | A description of the (proposed) pest control arrangements   |
| <input type="checkbox"/> | A description of the (proposed) monitoring arrangements for staff health  |
| <input type="checkbox"/> | A description of the (proposed) staff hygiene training arrangements   |
| <input type="checkbox"/> | A description of the (proposed) arrangements for record keeping   |
| <input type="checkbox"/> | A description of the (proposed) arrangements for applying the identification mark to product packaging or wrapping  |

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**PART 8 – 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 8(1) – Live Bivalve Molluscs (Shellfish) / Fishery Products**

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Full Details of Activities and Specific Products Handled

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How many tonnes of <b>Live Bivalve Molluscs (Shellfish)</b> will be handled in the establishment per week on average?	
How many tonnes of <b>Fishery Products</b> will be handled in the establishment per week on average?	

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**PART 9 – APPLICATION**

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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

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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  
Infrastructure Services  
Department  
The Gutters' Hut  
7 North Ness  
Lerwick  
Shetland  
ZE1 0LZ

Contact: FOOD SAFETY  
Telephone: 01595 745250  
E-mail: [foodsafety@shetland.gov.uk](mailto:foodsafety@shetland.gov.uk)

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

### Privacy Statement

Using your personal information:

Food Standards Scotland values any information that we collect, hold, or process and take your privacy seriously. The personal information which you supply to us in this Approval Application Form will be used in the following ways:

- in the exercise of our official authority as the competent food and feed authority in Scotland;
- we may share your information with other public bodies for the performance of a task carried out in the public interest or to help prevent fraud and crime, or where we are required to do so by law;
- the information provided by you will be added to our secure Stakeholder database.

For further information on how your information is used, the security and technical measures we use in our organisation to protect your information, and your enhanced rights to access the information we hold on you, please contact our Data Protection Officer at the following email address: [dataprotection@fss.scot](mailto:dataprotection@fss.scot)