

Application Form for Approval of a Food Business Establishment

General Guidance on Completion of Approval Application Form.

This form is to be completed by Food Business Operators seeking approval for an establishment that is subject to:

- Regulation (EC) No 852/2004 on the hygiene of foodstuffs
- Regulation (EC) 853/2004 laying down specific hygiene rules for food of animal origin
- European Union (Food and Feed Hygiene) Regulations S.I.22 of 2020.

This form is also applicable to Intermediary Operators¹ (with or without a premises) if in addition to handling, washing and storing Live Bivalve Molluscs (LBMs) at ambient temperature, they also have a cold store and carry out the activities of grouping, conditioning or re-immersion of LBMs.

The application form is structured in 5 parts; parts should be completed as required. Failure to complete an application accurately may result in a delay in the approval process with the application being returned for completion. The establishment to which this application pertains may be approved for the activities as applied for in this application. This application form should also be used to amend activities in an already approved establishment. Please indicate as so and complete form to include existing approval details.

Please ensure the form is signed and dated upon completion.

General Data Protection Regulation (GDPR)

In fulfilling its statutory mandate, and for the necessary administrative functions which underpin this work, the SFPA collects a wide range of data including personal data and special categories of personal data.

The SFPA keeps all personal data safe and secure and implements technical measures to ensure the safety and security of the systems which hold this data. More details can be found at www.sfpa.ie

¹ "Intermediary operator" (Live Bivalve Molluscs) means a food business operator, including traders, other than the first supplier, with or without premises, who carries out its activities between production areas, relaying areas or any establishments.

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Statutory Obligations

The approval of an establishment by the Sea Fisheries Protection Authority does not mitigate a food business operator from their statutory obligations.

Companies Registration Office

Under the Business Names Act of 1963 you are required to register your business with the companies' registration office (CRO). Registration of a business name is obligatory.

Payment Details

A fee of **190 Euro** is required in order to process an approval. Payment should be made via EFT to the Sea Fisheries Protection Authority. Payment by cheque will not be accepted. Payment details are contained in Annex II of this application.

Official Control Fees

Once your application is processed and you are an Approved Food Business Operator (FBO), you will be obliged to pay mandatory fees for Sea Food Safety Official Controls performed by the Sea Fisheries Protection Authority. Charging of mandatory fees is in accordance with the provisions of Article 79 and Chapter II and Annex IV of EU Regulation (EU) 625/2017 (Official Control Regulation). These fees will be applied from your first day of production.

More information on official control fees, and the self-declaration process, is outlined on https://www.sfpa.ie/What-We-Do/Seafood-Safety/Fees-for-EU-Sea-Food-Safety-Official-Controls

Submission of Application

If you require assistance filling in this application, please contact your local SFPA port office or email the below address.

Email: applications@sfpa.ie

Post:

Applications
Sea Fisheries Protection
Authority
Park Road
Clogheen Clonakilty
Co Cork
P85 TX4

Once an establishment is approved it is listed on the SFPA List of Approved establishments on the SFPA website.

Part 1

| Which of the below applies to you? | | |
|--|--|--|
| Applying as Sole Trader or Company | | |
| New Application or Applying to Amend existing approval | | |
| Land Based Establishment | | |
| Freezer Vessel | | |
| Factory Vessel | | |

| Establishment/ Vessel/ Intermediatory Operator for which approval is sought | | |
|---|--|--|
| Vessel/ Establishment /Shellfish Intermediary Operator Name | | |
| Trading Name (if applicable) | | |
| Address & Eircode: | | |
| Water supplied to FBO from? (Main or private) | | |
| Owner name | | |
| Owner phone number | | |
| Main Contact name | | |

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| Main Contact phone number. | |
|---|--|
| Please indicate out of hours contact number | |
| | |
| Main Contact email | |
| | |
| Finance Contact number | |
| Finance Contact email | |
| Company's Registered Number | |
| VAT number | |
| Vessel's port registration Number (if applicable) | |
| State existing approval number (if applicable) | |
| | |

Part 2

| Markets (tick as applicable) | | | |
|--|--|--|--|
| Domestic (Ireland) | | | |
| EU | | | |
| Non - EU/ third countries (outside Europe) | | | |
| Sales via distance communications e.g., online | | | |
| Other (Please specify) | | | |

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Specify processes/ activities for which approval is being sought Please Tick as appropriate, and give details **Activities** as required. Heading Gutting Filleting Darnes, Fresh Cutlets and other cuts Marinating Live Bivalve Mollusc Purification Intermediatory Operator (LBM cold storage, or carrying out activities of grouping, conditioning, or re-immersion) **Shucking Bivalves** Dispatch for Direct Consumer Consumption LBM Marine Echinoderms Tunicates Gastropods Drying for Consumption (other than smoking process) Live Crustacean Holding for Dispatch Salting for Consumption (other than smoking process) **Smoking** Hot Smoking Cold Smoking Cooking (other than hot Molluscs smoking process) Other Cooked Meat Extractions Canning **Pasteurisation** Value added Products e.g. Breaded Products Composite Products e.g. Chowder, fish pies

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| Production of Ready to Eat (RTE) (tick as appropriate) | Sushi |
|--|----------------------|
| | Gravadlax |
| | Poll Mone |
| | Roll Mops |
| | Pâtés |
| | Cooked Crab Products |
| | Smoked Fish |
| | Other (please state) |
| Wrapping | |
| Packaging | |
| Re-packaging | |
| Freezing | |
| Thawing | |
| Frozen Storage | |
| Chilled Storage | |
| Seasonal Operation please provide further detail. | |
| Other activities/ Additional information | |
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| Specify Fishery Products for which Approval is sought | | | |
|---|--|--|--|
| Species | Please Tick as appropriate and give details as required. | | |
| Demersal / Whitefish | | | |
| Pelagic (mackerel, herring, scad, blue whiting, pilchards, sprat, tuna) | | | |
| Deepwater Species | | | |
| Salmonids (salmon, trout, char) Wild Organic | | | |
| Pectinidae - Scallops | | | |
| Other Live Bivalve Molluscs - Mussels, Oysters, Clams, Razor, etc. | | | |
| Crustaceans - Nephrops, Crab, Lobster | | | |
| Cephalopod – Squid, Cuttlefish, Octopus | | | |
| Echinoderms – Sea Urchin, Sea Cucumbers | | | |
| Gastropods – Abalone, Periwinkles, Whelks, Limpets | | | |
| Tunicates | | | |
| Other species | | | |
| Additional information | | | |
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|---|--|
| oduct | Anticipated Tonnage per annum |
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| | Non fichery Products |
| | Non-fishery Products |
| Please provide details below if | approval is sought for non-fishery products stating nature a |
| | icipated volumes (tonnage per annum). |
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| Called Brooks and a second and contact | |
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| the business associated with roducers, please provide details | n this application has a shared premises with any other foods s below: |
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Information required for Approval

The lists below detail information required for Approval of Establishment/Activity, (tick as appropriate documentation which will be available on the date of inspection).

| 1. | • | Management Plan incorpoditional information) | oorating HA | CCP (<i>Please see</i> | |
|-------------------|-------------------------------------|---|-------------|---------------------------|---|
| 2. | Plans: | (a) Site plan/ vessel plan (b) Premises plans & spe (c) Product flow plans (d) Drainage/ effluent disp | | vessel | |
| | | | | | |
| 3. | Equipment d | etails | | | |
| 4. | Transport de | tails (Transport of product | from the es | stablishment) | |
| 5. | Details of all | activities seeking approva | I | | |
| insped be atta | cting officer(s) ached to this a | ot exhaustive. Additional . Additional information th application | | | • |
| Declara | | | | | |
| knowl | edge is correc | ne information submitted in the additional inform the of inspection. | | | - |
| Signa | ture: | | Date: | | |
| Name | in Block Ca | oital Letters: | | | |
| | | | | | |
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Annex I Food Safety Management System incorporating HACCP:

There should be documentation and files on the following:

- Company Profile
- Visitors Policy
- Good Manufacturing Practice Policy
- Personnel Hygiene Policy
- Cleaning Procedures
- Pest Control
- Waste Policy
- Calibration Policy
- Product Identification and Recall Procedure
- Suppliers List
- Customers List
- Labelling
- Product Sampling & analysis Plan
- Water Supply source & Testing
- Training
- Plan of product flow for all products
- Plan of Floor Drainage in place
- Plan of Water lay out in place
- Legislation
- HACCP Principles

Annex II

Payment Details

There is a fee of €190 for new Approval applications, this fee is not applicable to amend an existing Approval. As part of new Department of Finance requirements payment for approval application can only be made to the SFPA by EFT (Electronic Funds Transfer).

The SFPA will no longer accept payments by cheque.

When the payment is made can you email a remittance advice to applications@sfpa.ie

Details of the Bank Account for EFT payments to SFPA is:

| Bank Name | Bank of Ireland | |
|-----------------------------|---|--|
| Bank Address | Pearse Street, Clonakilty, Co Cork, Ireland | |
| Account Name | Sea Fisheries Protection Authority | |
| Amount | €190 | |
| Account Number | 56406763 | |
| National Sort Code (NSC) | 90 26 10 | |
| Swift Code/BIC | BOFIIE2D | |
| IBAN | IE20BOFI90261056406763 | |
| VAT Number | 9655672K | |
| Email for remittance advice | applications@sfpa.ie | |

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