

**Application for Registration of a Food Business Operation
under the European Communities (Food and Feed Hygiene)
Regulations, 2009 (S.I. No. 432 of 2009)**



APPLICATION FORM

Please complete this form in BLOCK CAPITALS.
If completed on screen, please print off a copy, sign,
date and either post or submit a scanned copy by email to:

Address: Milk Hygiene Division
Pavilion B
Grattan Business Centre
Portlaoise, Co Laois, R32 KW50

Telephone: 057 8694358

Fax: 057 8664950

Email: dairyhygiene@agriculture.gov.ie

Incomplete forms will be returned.

Milk Hygiene Division will advise in due course what course of
action is required to progress the application.

Please contact Milk Hygiene Division if advice on how to complete
this form is required.

PART 1 – Establishment for which Registration is sought

Legal Name:

Trading Name:
(If applicable)

Address:

Telephone:

Fax:

EirCode:

Email:

Please select one of the following options:

1. New Registration
2. Additional Activities
3. Change to Business Ownership
4. Re-registration

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Existing Registration No:

Existing Registration No:

Existing Registration No:

Date of Change:

PART 2 – Establishment Contacts

A - Duly authorised representative of the Food Business Operator (FBO) (Hygiene issues, legal notices etc)

Title:

Forename:

Surname:

Telephone:

Mobile:

Fax:

Email:

B – Out of Hours Emergency Contact Information (Optional)

Title: Forename: Surname:

Telephone: Mobile: Fax:

Email:

PART 3 – Activities for which registration is sought

Category of Establishment	Additional Information
Temperature Controlled Storage (including chill & Cold storage)	List products to be stored:
Dry Storage	List products to be stored:
Products that require Registration (i.e. Infant Formula incorporating dairy and non dairy ingredients, Dairy Spreads, Ice Cream made from composite products etc)	Product Details: Additional Information: source, processes etc..

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PART 4 – Information & Documentation

The following is an example of what documentation will be required in order to progress your application:

- a detailed description of the proposed method of operation
- a detailed HACCP Plan/Testing Plan (if applicable)
- a description of proposed arrangements for record keeping etc

PART 5 – Application

Name of Applicant:	<input type="text"/>
Position in Operation:	<input type="text"/>
Name of Contact:	<input type="text"/>
Position in Operation:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>

I hereby apply, on behalf of the business described in Part 1, for registration under Regulation 3 of S.I. No 432 of 2009 to use the premises at the address specified in Part 1 for the purpose of handling products to which Regulation (EC) No 852/2004 applies.

Name in BLOCK CAPITALS:	
Signature:	
Date:	

IMPORTANT

Activities that require registration must not be undertaken until the appropriate authorisation is granted. Once registered, the onus is on the Food Business Operator to ensure that the competent authority always has up to date information on establishments, including by notifying, any significant change in activities and any closure of an existing establishment.
