

**APPLICATION WITH A VIEW TO REGISTRATION OR APPROVAL UNDER THE
FEED HYGIENE REGULATION (183/2005)**

To: **Essex County Council Trading Standards**

I am applying for the following premises to be registered / approved under the above legislation. The information required is set out below

1. Name or business name of the feed business to which this application relates

Name _____

Business Name _____

2. Address and associated details of the premises where the activity requiring registration or approval is undertaken or to be undertaken

Address _____

Post Code _____

Telephone No _____

Email _____

CPH Number _____

Are you a member of an Assurance scheme **Yes / No**

Name of Assurance Scheme _____

Membership Number of Scheme _____

3. Please indicate below in the appropriate box if the business is currently approved or registered and provide its approval/registration number

		Registration Number
Registered	Yes / No	
Approved	Yes / No	

4. Activity or activities carried out on the premises (please use the code and activity descriptions shown in Annex A)

Code:		Activity:	
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5. Applicant Details

Name _____

Address (if different to 2. Above) _____

Email _____

Signature _____

Date _____

For office use only

APP Premises Reference Number	
Registration Number	
MAU Reference Number	
CMU Reference Number	