

Application Form for the Registration of a Food Business Establishment (Fishing Vessel) (Ref: E.C. Regulation 852/2004 – Article 6 (2))

Registration of a food business establishment (fishing vessel) is required by law under Regulation (EC) 852/2004 – Article 6(2). It allows us to keep an up-to-date list of all businesses and associated premises in the Highland Council area so they can be visited or contacted where necessary.

You must register if you operate a food business establishment on a fishing vessel with a Home Port / Landing Port within the Highland Council area.

This form must be completed by the food business operator or his / her representative/ agent in respect of the fishing vessel.

This form is limited to one fishing vessel per submission. Should multiple vessels need to be registered then a new application is required per fishing vessel.

Based on the activities carried out, certain fishing vessels are required to be **approved** rather than **registered**. If you are unsure whether any aspect of your food operations would require your establishment to be approved, please contact Environmental Health for guidance.

Applicant Details:

Title:

First Name:

Last Name:

Date of Birth (DD/MM/YYYY): / /

Your Position (This is your position within the food business/operator):

Address of Registered Office (please include Postcode):

Contact details:

Please enter your personal or preferred contact email address:

Phone Number:

Vessel Details:

Administrative Port:

Name of Vessel:

Home Port:

Vessel size (length) - Less than 10m ☐ **Greater than 10m** ☐

Type of vessel: Fishing vessel ☐ **Factory vessel** ☐

Port letter and number:

Registry of shipping and semen number:

Licence number:

Fish producer organisation:

Vessel owner details:

Business name:

Type of Business: Sole Trader ☐ **Partnership** ☐ **Limited Company** ☐

Owner representative details:

Title:

First Name:

Last Name:

Date of Birth (DD/MM/YYYY): / /

Address (please include Postcode):

Contact details:

Please enter your personal or preferred contact email address:

Phone Number:

Operation details:

Is this a seasonal operation? Yes ☐ No ☐

If Yes please state period of operation each year:

Are Vehicles Operated in conjunction with vessel operation? Yes ☐ No ☐

If yes please state the purpose of the vehicles being used e.g. distribution:

Vessel crew: 1-10 ☐ More than 10 ☐

What species do you intend to catch? Langoustine ☐ Crab ☐ Lobster ☐

Scallop ☐ Other (please specify):

Signature of Food Business Operator/Representative

Date

Name (BLOCK CAPITALS)

Position

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY US OF ANY CHANGES TO THE ACTIVITIES STATED ABOVE AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE HAPPENING

We will manage your personal data in accordance with the requirements set out in the General Data Protection Regulations (GDPR). The Privacy Notice is available at [https://www.highland.gov.uk/privacy-Environmental health concern](https://www.highland.gov.uk/privacy-Environmental_health_concern)