

The completed form should be sent to:
 The Food Safety Commission Secretariat
 Directorate for Environmental Health
 Continental Business Centre, Old Railway
 Track, St Venera. SVR 9018
 Tel : 213373333



For Office Use: **FORM 02 ENGLISH**
 Date of Registration:
 Registration Number:

APPLICATION FORM FOR THE REGISTRATION OF FOOD PREMISES IN TERMS OF THE FOOD SAFETY ACT (ACT XIV/2002)

NOTE 1: The registration of food or feed businesses is required by the Food Safety Act, 2002 (Chapter 449) Part IV Article 11 & by L. N. 180/ 2001. Also, food or feed businesses so registered are not to be used otherwise than for the purpose for which they are registered. Registration of food or feed premises with the Commission does not exempt anyone from acquiring any licences or permits required under any Law or Regulation. Registration is free of charge, however, Certificate of Registration, if requested, costs Lm5 as per L.N. 134 / 2004.

NOTE 2: It is an offence to give misleading, inaccurate or incomplete information on this form, (LN 180 / 2001 Regulation 4 (2)).

PART 1

1. Premises Name: _____ 2. Address of Premises: _____
 _____ Town or Village _____ Post Code: _____

PART 2

3. Tel. No. of Business: _____ / _____ / _____ Fax: _____
 4. Type of Premises: (please tick ONE box only). E-mail address: _____

7	ANIMAL FEED
Note: Does NOT include petfood.	
a	Importer
b	Manufacturer
c	Retailer
8	SLAUGHTER HOUSES
If the slaughter house incorporates a retail butcher shop and / or 'stand alone' cold storage facilities, these are to be registered separately on separate forms. These are to be registered on FORM 01.	
a	Poultry
b	Rabbit
c	Swine
d	Other Tick here ⇒ (write in 'Remarks' below).
9	MILK PRODUCTS
Products from Raw Milk	
a	Cheeselets: direct sale to consumer
b	Cheeselets: for wholesale
Products from treated Milk	
c	Cheeselets: direct sale to consumer
d	Cheeselets: for wholesale
e	Other milk products
Eg cheeses, butter, etc. Specify if product is treated/ cooked / or made from raw milk. Specify type in 'Remarks' below.	
10	MEAT PROCESSING
Meat Cutting Establishments	
a	Red Meat Cutting
b	Poultry Meat cutting
c	Game Meat cutting (Including Rabbit Meat).
d	Wrapping / Packaging Meat (without slicing or cutting)
Note: The above do not include Butcher Shops.	

11	MEAT PREPARATION
Raw meat with other ingredients (Where meat is 10% or more)	
a	Mince: Red Meat
b	Mince: Poultry Meat, game meat
c	Mince Meat Preparations: Eg. sausages, burgers, meatballs, etc.
d	Spicing / Seasoning of Red Meat and poultry meat
12	MEAT PRODUCTS
This section includes premises where meat has undergone cooking, curing, smoking, marinating, etc.	
a	Cooked red meat or poultry meat
b	Cured red meat or poultry meat
c	Smoked red meat or poultry meat
d	Other: Tick here ⇒ Specify in 'Remarks' below.
13	OTHER PRODUCTS
a	Apiculture, Honey & other bee products
b	Egg Distributor
c	Egg processing
d	Edible animal fats
e	Edible greaves
f	Other Edible animal products Specify in 'Remarks' below.
14	COLD STORAGE
a	Packaged Meat / Fish
b	Unpackaged Meat / Fish
15	TRANSPORT VEHICLES
a	For Red Meat
b	For White Meat
c	For Fish
d	Other Tick here ⇒ Specify in 'Remarks' below.

16	ANIMAL FARMS
a	Milch animals: Cows
b	Milch animals: Goat
c	Milch animals: Sheep
Registration is required from ALL, even from those that keep one goat or one	
d	Cattle (for slaughtering)
e	Poultry (hatcheries)
f	Poultry (egg production)
g	Poultry (for slaughtering)
h	Farmed Game / other animals
i	Rabbits
j	Horses / Donkeys / Mules
17	AQUACULTURE & FISHERIES
a	Fish farming (breeding)
b	Fish farming (rearing)
c	Tuna Penning
d	Fish market
e	Fishing vessels
f	Factory vessels
g	Fresh whole-fish packing
h	Fish preparation establishments
i	Fish processing
j	Other: Please tick here ⇒ (Specify in 'Remarks' below).
18	CROP FARMS
a	Fields
Registration is also required from part-time farmers who supply the Vegetables Market (Pitkalija) or sell their produce directly to the consumer.	
b	Greenhouses
c	Mushroom growers
d	Organic farming

REMARKS: _____

5. Name & Surname of person responsible for the food business: _____ Position held: _____
 Home Address: _____ Tel No: _____ I.D. No: _____
 6. Company name & address (if any): _____

Declaration: I, the undersigned, hereby declare that the information given above is accurate, complete and not misleading.

Name of person filling form: _____ Position held: _____
 I.D. Card No: _____ Date: _____ Signature: _____