

## **Shetland Islands Council**

Executive Manager: Carl Symons **Director: John R Smith** 

Send to:

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## EC Feed Hygiene Regulation 183/2005

Notification of continuance of activities previously registered or approved / Declaration of compliance / Application for registration or approval

Name or business name of the feed business to which this notification / declaration /

Address(es) and CPH number(s) of the premises where the activity requiring registration / approval is undertaken or is to be undertaken					
Postcode:	CPH number:				
2					
Postcode:	CPH number:				
3					
Postcode:	CPH number:				

Code:	Activity:		
Code:	Activity:		
Code:	Activity:		
Code:	Activity:		
Contact details relates	for the feed busines	ss to which this notification	on / declaration / application
Name:			
Address:			
Postcode:			
Telephone numb	er:	Fax number: .	
E-mail:			
Declaration of c	ompliance		
/ to be carried ou	t on the premises det	. •	ocument which are carried out ument are / will be carried out tion 183/2005.
Signed:			
Date:			
	ntly registered or ap (Establishments and	proved under the I Intermediaries) Regulati	ons 1999
Please tick the a	ppropriate box below	if the business is currently	registered or approved
Registered		Approved	
Registration / Ap	proval Number (if ava	ailable):	

Activity or activities carried out / to be carried out on the premises (please use the code and activity descriptions shown in the attached *List of Activities* document)