NAMAKWA

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DISTRICT MUNICIPALITY

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APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY OF FOOD PREMISES:
GOVENNMENT NOTICE NO.R638 OF 22 JUNE 2018
[Regulation 3(2)]

A. PERSON IN CHARGE		
Surname and first name of person in whose name the certificate of acceptability must be issued.		
ID / Passport Number		
	Copy of RSA ID attached	
	Copy of valid Passport attached	
	Copy of Resident documents – Immigrant	
	Copy of Company/CC Registration	
Address: Postal & Residential (attach proof)		
Telephone number	Work: Home:	
Cell no		
E-mail		

B. PARTICULARS OF FOODPREMISES		
Name of food premises (if any)		
Physical Address (food premise)		
Postal Address		
Vehicles to be used for transporting perishable or prepacked foodstuffs [Reg 3(1)(a) and 14(6)(a)]	Registration No's:	
Type of food premises (e.g. building, vehicle, stall)		
Webpage, if applicable		
GPS Coordinates (if available)		
If the following are not situated on food premises, note address or describe location thereof:		
	Erf No	Address
Sanitary (latrine) facilities		
Cleaning facilities (wash-basins for facilities)		
Hand-washing facilities		
Storage facilities for food/facilities		
Preparation premises		

C. FOOD CATEGORY
List and describe the food items or the nature or type of food involved.
D. QUANTITIES OF FOOD TO BE HANDLED
Indicate envisaged production output or number of persons to be catered for.
E. NATURE OF HANDLING
List and describe what your activities will entail (e.g. preparation or packing or processing).
F. STAFF
Number of persons employed or to be employed.
Males: Females: Total:
G. PARTICULARS OF EXEMPTION BEING APPLIED FOR [Regulation 14(1)]

H. PLAN OF PREMISES [Where applicable]		
Attach to this application, a lay out plan of the premises, drawn on scale 1:50, which indicates the designation of the various areas and position of all equipment.		
I. PARTICULARS OF APPLICANT (If not person in charge)		
Name		
Capacity (e.g. owner, managing director, manager)		
I.D. /Passport Number		
	Copy of RSA ID attached	
	Copy of valid Passport attached	
	Copy of Resident documents – Immigrant	
	Copy of Company/CC Registration	
Postal Address		
Residential Address		
Telephone Number: Business		
Cell no		

J. DECLARATION

I declare that the abovementioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation, and undertake to comply with this undertaking.

The evaluation and the issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health Practitioner.
Should conditions change as set out in Regulations 3 (5) – (10), I am bound to re-apply for the premises to be re-evaluated for acceptability under these Regulations.

Date of Application: _____

Signature of person in charge: _____

Signature of owner (if not person in charge): _____