



Our Ref:

**APPLICATION FORM FOR A CERTIFICATE
 OF ACCEPTABILITY FOR FOOD PREMISES**

PARTICULARS OF APPLICANT

FULL NAME : _____

CAPACITY :
 (e.g. : Owner, Managing Director, Secretary, Manager, Agent, Attorney)

POSTAL ADDRESS :

EMAIL ADDRESS :

TELEPHONE NO. : DATE :

Application is hereby made in terms of Section 3(2) of Regulation R638 - Regulations Governing General Hygiene Requirements for Food Premises and the Transport of Food to the eThekwini Health Unit-Environmental Health Services for a Certificate of Acceptability and in support of the application hereby provide the following particulars:-

A. PERSON IN CHARGE

DETAILS OF THE PERSON IN WHOSE NAME THE CERTIFICATE OF ACCEPTABILITY MUST BE ISSUED.

Surname		
First Names		
I.D/Passport Number		
	Copy of RSA identification document attached	
	Copy of Valid Passport attached, if applicable.	
	Copy of Resident documentation attached, if an immigrant.	
	Copy of the Company/Close Corporation Registration Certificate indicating all Directors /members and addresses attached , if applicable	
Postal address		
Residential address		
Tel.No.Business		
Tel No.Residential		Cell no:
E-mail		



B. PARTICULARS OF FOOD PREMISES/ OWNER OF VEHICLE

Name of Food Premises/Business/Trading Name		
Postal Address (Food Premises)		
Building Name (if applicable)		
Shop Number (if applicable)		
Floor Level (if applicable)		
Street Name and Number		
Suburb		
Erf Number (if applicable)		
Physical Address (In the case of a business solely in the business of transporting perishable food on behalf of someone else.)		
Postal Address (In the case of a business solely in the business of transporting perishable food on behalf of someone else.)		
Vehicle(s) to be used for the transporting of Perishable/Pre-packed Foodstuffs [Regulation 3 (1)(a) and 14(6)(a)]	Registration Number:	Registration Number:
Type of food premises (e.g. building, vehicle, stall)[Regulations 3(1)(a)]		
Webpage , if applicable		
GPS Coordinates		

If the following are not situated on the food premises, note the address or describe the location thereof:

	<u>ERF NO.</u>	<u>ADDRESS</u>
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 of 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 and processing):-

F. STAFF

Number of persons employed or to be employed.

Males:		Females:		Total:	
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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 also the person in charge)

Name		
Capacity (e.g. owner, managing director, manager)		
I.D/Passport Number		
	Copy of RSA I.D Document attached	
	Copy of valid Passport attached, if applicable	
	Copy of Resident documentation attached, if an immigrant	
	Copy of the Company / Close Corporation Registration Certificate indication all Directors/members and addresses attached, if applicable.	
Postal Address		
Residential Address		
Tel no: Business		
Cell Number		

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. [Regulation 3(5) (c)]

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): _____

OWNER'S SIGNATURE:

COMMENTS:-

SENIOR / ENVIRONMENTAL HEALTH PRACTITIONER

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Name : Date:

SIGNATURE: _____

ENVIRONMENTAL HEALTH SERVICES MANAGER

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Name : Date:

SIGNATURE: _____