

**APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES.  
NOTE: APPLICATION FEE NON – REFUNDABLE**

**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		
E-mail		

**B. PARTICULARS FOR FOOD PREMISES / OWNER OF VEHICLE**

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

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

	Erf No.	Address
Sanitary (latrine) facilities		
Cleaning facilities (wash - basins for facilities)		
Hand -washing facilities		
Storage facilities for food /facilities		
Preparation premises		
Sanitary (latrine) facilities		

**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 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 indicate the designation of the various areas and position of all equipment.

**I. PARTICULARS OF APPLICANT (if not also the person in charge)**

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		
E-mail		

**J. DECLARATION**

I declare that the abovementioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premise 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)** .....