Logo, company name

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HSD/HS/MHS/QAP 7.5.1/5/1

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

*Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food and Related Matters*

*Government Notice R638 of 22 June 2018*

1. **PERSON IN CHARGE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First names and surname of the person in whose name the certificate of acceptability must be issued |  | | | | | | | | | | | | |
| Identity number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Residential address |  | | | | | | | | | | | | |
| Postal address |  | | | | | | | | | | | | |
| Contact number |  | | | | | | | | | | | | |
| Email address |  | | | | | | | | | | | | |

1. **PARTICULARS OF FOOD PREMISES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of food premises |  | | | |
| Type of food premises  (building, vehicle, stall, caravan, etc) |  | | Erf number |  |
| Physical address of food premises |  | | | |
| Webpage (if applicable) |  | | | |
| GPS coordinates (if applicable) |  | | | |
| Postal address of food premises |  | | | |
| Physical address of the business solely transporting foodstuffs on behalf of a food premises |  | | | |
| Vehicles to be used for the transportation of perishables and/or foodstuffs | Registration number |  | | |
| Registration number |  | | |

**If more than two vehicles are used, please attach list.**

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

|  |  |  |
| --- | --- | --- |
|  | **Erf number** | **Address** |
| Sanitary (latrine) facilities |  |  |
| Cleaning facilities  (wash basins for facilities) |  |  |
| Handwashing facilities |  |  |
| Preparation premises |  |  |

1. **FOOD CATEGORY**

List and describe the food items, or the nature or type of food involved:

1. **QUANTITIES OF FOOD TO BE HANDLED**

Indicate the envisaged production output or number of persons to be catered for:

1. **NATURE OF HANDLING**

List and describe what your activities will entail (preparation or packing for processing):

1. **STAFF**

Number of persons employed or to be employed: Men: \_\_\_\_\_\_\_ Women: \_\_\_\_\_\_\_

1. **PARTICULARS OF EXEMPTION BEING APPLIED FOR (REGULATION 14(1)):**

**H. PLAN OF PREMISES**

**Attach to this application a layout plan of the premises, drawn on scale 1:50, which indicates the designation of the various areas and the position of all equipment.**

**I. PARTICULARS OF APPLICANT**

|  |  |
| --- | --- |
| Name and surname |  |
| Identity or passport number |  |
| Capacity (owner, managing director, secretary, manager, etc) |  |
| Residential address |  |
| Postal address |  |
| Contact number |  |

Date of application: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_