**HARRY GWALA DISTICT MUNICIPALITY**

**“Together We Deliver and Grow”**

**SOCIAL SERVICES AND DEVELOPMENT PLANNING DEPARTMENT**

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 **MUNICIPAL HEALTH SERVICES**

**APPLICATION FORM FOR A CERTIFICATE OF ACCEPTABILITY OF FOOD PREMISES-REGULATION 3 (2) OF R638 OF 22 JUNE 2018**

**A. PERSONAL INFORMATION**

Details of the person in whose name the certificate of acceptability must be issued.

|  |  |
| --- | --- |
| Surname:*\*Surname and first names of person in whose name the certificate must be issued:* |  |
| First Names:  |  |
| ID No.: *Copy of RSA identification document attached**Copy of Resident documentation attached , if an Immigrant**Certificate indicating all Directors /members and addresses attached, if applicable.* |  |
| Postal address: |  |
| Residential address: |  |
| Tel No: Business |  |
| Tel No: Residential  |  |
| Cell No: |  |
| E-mail address:  |  |

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

|  |  |
| --- | --- |
| Name of Food Premises/Business/Trading Name  |  |
| Type of food premises: (e.g. building/ vehicle, stall) |  |
| Physical Address(Food premises)Building Name |  |
| Shop Number |  |
| Floor Level  |  |
| Street Name and Number |  |
| Suburb |  |
| Erf Number(If applicable) |  |
| Postal Address (Food Premises) |  |
| Physical Address( In the case of a business solely in business of transporting perishable food on behalf of someone else) |  |
| Vehicle (s) used for the transportation of perishable/prepacked foodstuffs[Regulation 3 (1)(a) and 14 (6) (a)] | **(Registration number)** |
| GPS Coordinates, if available |  |
| Webpage, if available |  |
| A checklist with risk factors and recommendations available and used (Y/N) |  |
| Previous inspection reports available (Y/N) |  |
| Relevant municipal permit/ zoning certificate in place? (Y/N) |  |
| Valid Health Care Risk Waste (HCRW) contract with an approved HCRW company (Y/N) \**if applicable* |  |
| A valid refuse removal contract with the Municipality or a refuse disposal site in place (Y/N) |  |
| Water supply source |  |

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

|  |  |  |
| --- | --- | --- |
|  | **Erf No.** | **Address** |
| Number of sanitary facilities |  |  |
| Change rooms |  |  |
| Cleaning 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 activities will entail (e.g. preparation or packing and processing)

|  |
| --- |
|  |
|  |

**F. STAFF**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 a scale of 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, secretary) |  |
| I.D / Passport Number*Copy of RSA identification document attached**Copy of Resident documentation attached , if an Immigrant**Certificate indicating 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 Regulation 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Environmental Health Practitioner received the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**