**HARRY GWALA DISTICT MUNICIPALITY**

**“Together We Deliver and Grow”**

**SOCIAL SERVICES AND DEVELOPMENT PLANNING DEPARTMENT**

**40 Main Street, P/Bag X501, Ixopo, 3276**

**Tel: 039-834 8700 Fax: (039) 834 1701**

**E-mail:** **mahlabat@harrygwaladm.gov.za**

 **MUNICIPAL HEALTH SERVICES**

 **Regulation 3(1)**

**APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR A MILKING SHED**

**Regulation 3 (1) of** **Government Notice GNR 961 OF 23 NOVEMBER 2012. Regulations Relating to Hygiene Requirements for Milking Sheds, The Transport Of Milk And Related Matters** **promulgated in terms of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972)**

|  |  |
| --- | --- |
| Surname of Applicant: |  |
| Names of Applicant: |  |
| Physical address: |  |
| GPS coordinates: |  |
| Postal address: |  |
| Business telephone number: |  |
| Cellphone number: |  |
| E-mail address:  |  |
| Description of premises:(As stipulated on the Title Deed |  |
| Number of personnel employed: |  |
| Maximum number of milk animals milked: |  |
| Type of water supply source: |  |
| Electricity Supply (Y/N): |  |
| Name of Holder or Manager: |  |

**Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Surname of Environmental Health Practitioner received the application:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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