**OVERBERG**

**DISTRIKSMUNISIPALITEIT**

DISTRICT MUNICIPALITY

UMASIPALA WESITHILI

Privaatsak:

Private Bag X 22

**BREDASDORP KANTOOR**

**Private Bag/ Privaatsak X 22**

**Bredasdorp, 7280**

**Tel./Ph./: (028) 4251157**

**Faks/fax : 028 425 1014**

**DEPARTMENT MUNICIPAL HEALTH SERVICES**

APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

Regulation3 (2) of R 638 / 2018 under the Foodstuffs, Cosmetics and Disinfectants Act.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Application fee: (Once off.) | **R950.00** | Fee for current Financial year until 30 June 2023 | **Date application received** | **Receipt number** | **Allocated CoA number** |

A. 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 No: |  |
| E- Mail address: |  |

B. PARTICULARS FOR FOOD PREMISES / OWNER OF VEHICLE

|  |  |  |
| --- | --- | --- |
| Indicate kind of business with a **X**: | Food premises | Trans­porting of food on behalf of someone else. |
| Name of food premises / Business / Trading Name: |  |
| Physical Address : | Building Name(if applicable): |  |
| Shop Number(if applicable): |  |
| Floor Level(if applicable): |  |
| Street Name and Number: |  |
| Suburb: |  |
| Erf Number (if applicable): |  |
| Postal address: |  |
| E- Mail address: |  |
| Webpage (If available): |  |
| GPS Coordinates (If available): | Latitude | Longitude |
| Type of Food Premises (e.g. Building, Vehicle or Stall): |  |
| Vehicles to be used for the Transport of Foodstuffs:(If more than 3 attach list) | Registration No.: | Make and model: |
|  |  |
|  |  |
|  |  |

C. IF THE FOLLOWING ARE NOT SITUATED ON THE FOOD PREMISES, NOTE THE ADDRESS OR DESCRIBE THE LOCATION THEREOF:

|  |  |
| --- | --- |
| a. Sanitary (latrine) facilities: |  |
| b. Cleaning facilities (wash-basins for facilities): |  |
| c. Hand-washing facilities: |  |
| d. Storage facilities for food/facilities: |  |
| e. Premises for preparation: |  |

D. FOOD CATEGORY

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

E. NATURE OF HANDLING

|  |
| --- |
| List and describe what your activities will entail (ex. preparation, packing, selling and / or processing): |
|  |
|  |

F. QUANTITIES OF FOOD TO BE HANDLED

|  |
| --- |
| Indicate envisaged production output or number of persons to be catered for: |
| Estimated Kg or Tons a day produced: |  |
| Estimated number of persons to serve per day: |  |

G. WATER SOURCE USED ON THE PREMISES

|  |
| --- |
| Indicate the water source used on the premises and the purpose: |
| Municipal water: |  | Purpose |  |
| Borehole water: |  | Purpose |  |
| Rain water: |  | Purpose |  |

H. STAFF

|  |
| --- |
| Number of persons employed or to be employed. |
| Males: | Females: | Total: |
|  |  |  |

I. PLAN OF PREMISES

|  |
| --- |
| Attach to this application, a layout plan of the premises, drawn on scale 1:50, which indicates the various areas ( e.g. Store room, refuse-, preparation area etc.) with the position of all equipment. |
| Plans Attached: | Yes | No | If no give reason |  |

J. PARTICULARS OF APPLICANT (If not also the person in charge)

|  |  |
| --- | --- |
| First names and Surname |  |
| Capacity (e.g. owner, director, secretary etc.) |  |
| Contact details | Cell |  | E-Mail |  |
| Signature: |  | Date of application: |  |

K. DECLARATION

|  |
| --- |
| I declare that the above-mentioned 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 issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health practitioner.Should conditions change as set in Regulation 3(5) to 3(10), I am bound to re-apply for the premises to be re - evaluated for acceptability under these regulations. |
| Date of declaration: |  |
| Signature of person in charge:  |  |
| Signature of owner (if not person in charge):  |  |

**BANKING DETAILS:**

**Bank:** NEDBANK, **Acc. No:** 117-6524 496, **Branch name:** BREDASDORP,

**Branch code:** 198765 **Account type:** CURRENT, **Acc. Name:** Overberg District Municipality,

**Reference:** Name of business – E4.1 - and Code of Environmental Health Practitioner

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Application approved by EHP (Yes/No): |  |
| Name of EHP: |  |
| Date of receiving application by EHP: |  |
| Inspection checklist reference(EHP): |  |
| Outstanding info (EHP): |  |
| Amount paid by client and description: |  |  |
|  |  |  |
|  |  |  |
| Received by (Principal Clerk): |  |
| Date received (Principal Clerk):  |  |
| Application verified by(Area Manager): |  |
| Application approved by verifier (Yes/No): |  |
| Reason for rejection by Verifier: |  |
| Date of verification: |  |
| Signature of person verifying: |  |
| Rejection reason corrected: |  |
| Date of re-verification: |  |
| Signature of person verifying: |  |