**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: |  | |