SEKHUKHUNE
District Municipality
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COMMUNITY SERVICES DEPARTMENT
MUNICIPAL HEALTH SERVICES

APPLICATION FORM OF A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

NEW APPLICATION		RE -ISSUE OF CERTIFICATE:		CERTIFICATE NUMBER:	

A. DETAILS OF THE PERSON IN/ CHARGE (whose name the certificate of acceptability must be issued**)**

1. Surname and first names……
2. ID Number:.....
3. Postal Address:.....
4. Residential Address:.....
5. Contact Number business:..... Cell.....
6. E-mail Address:……

B. PARTICULARS OF FOOD PREMISES

1. Name of food premises (if any):.....
2. ERF Number (if applicable):……
3. Type of food premises (e.g. building, vehicle, and stall).....
4. Location address or address where the food premises can be inspected..... .....
5. Postal Address (Food Premises) …… ……
6. Vehicle(s) to be used for transporting of perishable / prepacked foodstuffs [Regulation 3(1) (a) and 14(6) (a)]……Registration No:……..
7. Webpage, if applicable……
8. GPS Coordinates, if available……
9. If the following are not situated on the food premises, note the address or describe the location therefore:

FACILITY	ERF NUMBER	ADDRESS
Sanitary (latrine)facilities		
Cleaning facilities(wash- basins for facility)		
Hand-washing facilities		
Storage facilities for food/facilities		
Preparation premise		

C. FOOD CATEGORY

1. List and describe the food items or nature or types of food

……

……

……

D. QUANTITIES OF FOOD TO BE HANDLED

……

……

E. NATURE OF HANDLING

1. List and describe what your activities will entail (e.g. preparation or packing and processing)

   ……

   ……

F. STAFF

1. Number of persons employed or to be employed:

Men		Women		Total	

G. PARTICULARS OF EXEMPTION BEING APPLIED FOR {[Regulation 5(1)]

……

……

H. PARTICULARS OF APPLICANT

1. Name and surname:……
2. I.D/Passport Number:……..
3. Capacity (e.g. Owner, Managing Director, secretary, Manager)……
4. Tel number business:……..
5. Cell Phone number:……

6. Residential Address:……..

   ……

7. Postal Address:……..

   ……..

I. PLAN OF THE PREMISES
Attach to this application, a lay out of the premises, drawn on scale 1:50, which indicates the designation of the various areas and position of all equipment.

J. DECLARARTION

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 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 regulations 3 (5) – (10), I am bound to reapply 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)…….

BANKING DETAILS:
Account holder: SEKHUKHUNE DISTRICT MUNICIPALITY.
Bank: STANDARD BANK
Account no: 271149418
Branch code: 052647
Amount payable: **R500.00**
Reference: MHS

PLEASE ATTACH THE FOLLOWING DOCUMENTS ON THE FORM

1. Proof of payment.
2. Copy of RSA identification document (for the person in charge and applicant).
3. Copy of a valid passport, if applicable (for the person in charge and applicant.
4. Copy of resident documentation, if an immigrant (for the person in charge and applicant.
5. Copy of the company / close corporation registration certificate indicating all directors/ members and addresses, if applicable.
6. Copy of the zoning certificate.
7. A lay out of the premises, drawn on scale 1:50, which indicates the designation of the various areas and position of all equipment.