

Application for Registration of Premises - Multi-site Registration Food Act 2014



South Waikato District Council
Torphin Crescent
Private Bag 7
TOKOROA 3444

Telephone: 07 885 0340
Email: Environmental.Health@southwaikato.govt.nz
Website: www.southwaikato.govt.nz

Please allow at least 10 working days after application has been lodged for Registration to be completed

Licensing Year:

2022-2023

Fee:

\$594.00

Before you start, let's check that you have everything you will need:

- The completed scope of operations document. Find this at www.mpi.govt.nz
- If you are applying for a National Programme (NP) registration, you can choose your verifier. You will need a confirming letter from your verifier to attach to this application. A list of recognised verification (or audit) agencies can be on the MPI website, under 'registers and lists'. The law requires Councils to verify businesses registered under the template food control plan.
- If your business is a registered limited liability company, a copy of the company registration certificate. See www.companies.govt.nz
- You need to make sure you can confirm that the operator of the food businesses is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007.
- If you were registered with either the Ministry for Primary Industries (MPI) or your local council before 1 March 2016, make sure you have your previous registration IDs on hand. These are IDs such as *FSA-JBIP-12345* or *WEBB-12345*.
- Details of payment of your application fee.

Notes if you will be filling the form out electronically

- Throughout this form you will need to tick boxes that look like this:
- If there are any changes to the details provided in this application after it has been sent, tell us in writing immediately.

Type of Premises

Tick only one of the boxes below:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Fixed food premises – Multi-site food business* |
| <input type="checkbox"/> | Fixed food premises – Multi-business food business* |

What type of registration are you applying for?

(Hint: You will know which type of registration after you have completed the scope of operations document.)

- MPI template food control plan: Food Service, Care Safe and Specialist Retail
- NP 3
- NP 2
- NP 1

If you were registered before 1 March 2016, what was your registration ID number?

| |
|--|
| |
|--|

Contact Person Details

The contact person details entered below will be used for communications about your registration, such as sending approval documents and renewal reminders. Contact MPI if the details change.

| | | | |
|--|---|----------------------------|--|
| Mobile | | Other telephone no. | |
| Email | By entering an email address you consent to being sent information and notifications electronically, if required. | | |
| Operator day-to-day manager name and position | Name: | | |
| | Position: | | |

Who will be doing your verification?

| | |
|---|---|
| Council | <input type="checkbox"/> |
| Other – insert name of verification agency | <input type="checkbox"/> I have attached a confirming letter from my verification agency. |

Have you attached the scope of operations document for your business?

| |
|--|
| <input type="checkbox"/> Scope of Operations attached. |
|--|

Checklist

Final Check before sending your application to (TA to insert preferred address)

Have you:

- filled this form in completely and legibly?
- attached completed the scope of operations document?
- attached a letter from your verifier if that isn't Council?
- attached copies of company registration certificates if you have a registered limited liability company?
- read and signed the Applicant Statement?
- included fee payment for this application?
- included a full menu/list of food that is sold/supplied?
- included a scale floor plan if a mobile stall?

Applicant Statement

| | | | |
|--|--|------------------|--|
| I confirm that: | | | |
| 1) I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and | | | |
| 2) The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and | | | |
| 3) Neither I nor any directors, partners, or managers of the business concerned have been convicted, whether in New Zealand or overseas, of any offence relating to fraud or dishonesty, or relating to management, control, or business activities in respect of businesses of a kind (whether in New Zealand or elsewhere) that are regulated under the Food Act 2014; and | | | |
| 4) The operator is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007; and | | | |
| 5) The operator of the food business is able to comply with the requirements of the Food Act 2014 and any relevant legislation applicable to the business. | | | |
| Name | | Job Title | |
| Signature | | Date | |

Collection of Information

| |
|---|
| <p>Collection of Personal Information</p> <p>Pursuant to Principle 3 of the Privacy Act 1993, we advise that:</p> <ul style="list-style-type: none"> • This information is being collected for the purpose of registering under the Food Act 2014; and • The recipient of this information, which is the agency that will collect and hold the information, is MPI, PO Box 2526, Wellington 6140; and South Waikato District Council, Private Bag 7 (Torphin Crescent), Tokoroa 3444 • Some of the information collected will be displayed on a public register; and • The collection of information is authorised under section 53 or section 83 of the Food Act 2014, which ever applies. The provision of this information is necessary in order to process an application for registration under either section 53 or section 83; and • The supply of this information is voluntary; and • Failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to register, in accordance with section 54 and 57 or section 84 and 87, of the Food Act 2014, which ever applies; and • Under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information that you have provided. <p>Collection of Official Information</p> <ul style="list-style-type: none"> • All information provided to the Ministry for Primary Industries and South Waikato District Council is official information and may be subject to a request made under the Official Information Act 1982. • If a request is made under that Act for information you have provided in this application, the Ministry for Primary Industries and South Waikato District Council must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation. |
|---|

Payments Details

| For Office Use | | | |
|----------------|--|-------------|--|
| Licence No: | | Account No: | |
| Receipt No: | | Date: | |

Application for Registration of Premises - Multi-site Registration (Food Act 2014)



South Waikato District Council
Torphin Crescent
Private Bag 7
TOKOROA 3444

Telephone: 07 885 0340
Email: Environmental.Health@southwaikato.govt.nz
Website: www.southwaikato.govt.nz

OPERATOR DETAILS - SITE 1

| | |
|--|--|
| Legal Name(s) of Operator (e.g. registered company, partnership or individual): | <input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies office (www.companies.govt.nz) |
| NZ Business Number | If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see https://www.business.govt.nz/companies |
| Trading Name, if any (i.e. 'Trading As'): | <input type="checkbox"/> Same as legal name above |

Operator Address and Contact Details

You must provide this information to be registered. However, if the address is a dwelling house, you may ask that the address is withheld from the public register by ticking the box below.

| Postal Address | | Physical / Courier Address (if different to Postal) | |
|---|--|---|--|
| Address: | | Address: | |
| Town/City & Postcode: | | Town/City & Postcode: | |
| <input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register. | | <input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register. | |

Vehicle Registration numbers (mobile businesses only)

OPERATOR DETAILS - SITE 2

| | |
|--|--|
| Legal Name(s) of Operator (e.g. registered company, partnership or individual): | <input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies office (www.companies.govt.nz) |
| NZ Business Number | If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see https://www.business.govt.nz/companies |
| Trading Name, if any (i.e. 'Trading As'): | <input type="checkbox"/> Same as legal name above |

Operator Address and Contact Details

You must provide this information to be registered. However, if the address is a dwellinghouse, you may ask that the address is withheld from the public register by ticking the box below.

| Postal Address | | Physical / Courier Address (if different to Postal) | |
|---|--|---|--|
| Address: | | Address: | |
| Town/City & Postcode: | | Town/City: | |
| <input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register. | | <input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register. | |

Vehicle Registration numbers (mobile businesses only)

Application for Registration of Premises - Multi-site Registration (Food Act 2014)



South Waikato District Council
Torphin Crescent
Private Bag 7
TOKOROA 3444

Telephone: 07 885 0340
Email: Environmental.Health@southwaikato.govt.nz
Website: www.southwaikato.govt.nz

OPERATOR DETAILS - SITE 3

| | |
|--|--|
| Legal Name(s) of Operator (e.g. registered company, partnership or individual): | <input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies office (www.companies.govt.nz) |
| NZ Business Number | If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see https://www.business.govt.nz/companies |
| Trading Name, if any (i.e. 'Trading As'): | <input type="checkbox"/> Same as legal name above |

Operator Address and Contact Details

You must provide this information to be registered. However, if the address is a dwelling house, you may ask that the address is withheld from the public register by ticking the box below.

| Postal Address | | Physical / Courier Address (if different to Postal) | |
|---|--|---|--|
| Address: | | Address: | |
| Town/City & Postcode: | | Town/City & Postcode: | |
| <input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register. | | <input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register. | |

Vehicle Registration numbers (mobile businesses only)

OPERATOR DETAILS - SITE 4

| | |
|--|--|
| Legal Name(s) of Operator (e.g. registered company, partnership or individual): | <input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies office (www.companies.govt.nz) |
| NZ Business Number | If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see https://www.business.govt.nz/companies |
| Trading Name, if any (i.e. 'Trading As'): | <input type="checkbox"/> Same as legal name above |

Operator Address and Contact Details

You must provide this information to be registered. However, if the address is a dwellinghouse, you may ask that the address is withheld from the public register by ticking the box below.

| Postal Address | | Physical / Courier Address (if different to Postal) | |
|---|--|---|--|
| Address: | | Address: | |
| Town/City & Postcode: | | Town/City: | |
| <input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register. | | <input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register. | |

Vehicle Registration numbers (mobile businesses only)