

# Notification of Change in Details or Significant Amendment

Food Act 2014, S. 51 & 81



South Waikato District Council  
Torphin Crescent  
Private Bag 7  
TOKOROA 3444

Telephone: 07 885 0340  
Email: [Environmental.Health@southwaikato.govt.nz](mailto:Environmental.Health@southwaikato.govt.nz)  
Website: [www.southwaikato.govt.nz](http://www.southwaikato.govt.nz)

This form is to notify us of any changes in details or significant amendments to your food business, for example a change of premises, trading name, or the scope of your operation. **If you are a new operator of a business, then a new registration application is required.** If the changes are a significant amendment, there is a charge of \$72.50. If the changes are minor such as a new phone number or email address there is no charge.

## Who is the operator of the food business?

Legal Name(s) of Operator:

Certificate Number:

Trading Name:

Address of business:

## Contact Person Details:

(Provide contact details of the person informing us of these changes)

Name:

Position:

Phone:

Email:

## Change of Operator Details (S. 45 & 46):

Please tick which changes apply to your business and provide details in the box below:

Change in contact details e.g. email, phone, postal address

Change in contact person

Minor changes to products, processes or plan

Change of verification agency

**Significant Amendments (S. 51):**

Please tick which amendment applies to your business and provide details in the box below:

|  |  |
|--|--|
| Changing location or adding a new premises to a multi-site location      |  |
| Changing the nominated home base of a mobile premises                    |  |
| Changing scope outside the current type of registration (NP levels/ FCP) |  |
| Major alterations to facilities or equipment                             |  |
| Other significant amendment  |  |

**Attachments:**

- Attach a copy of the floor plan of the premises if you are making significant amendment to where you operate from. You can send an updated copy of the relevant page from your FCP or draw a floor plan of your premises.
- Attach a copy of a letter from your verification agency if you are changing agencies.
- Attach a copy of the scope of operations form if you are changing your scope – you can download and complete this form from the MPI website at [www.mpi.govt.nz](http://www.mpi.govt.nz)

**Applicant Statement**

I confirm that:

- I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and
- The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and
- 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
- 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:**

**Position:**

**Signature:**

**Date:**

**For Office Use****Further initial verification date required:**

(Inspection note to be added to Magiq licence file)