



**Please select which Certification you wish to apply for:**

- APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR **FOOD PREMISES** - R638  
 APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR **MILKING SHEDS** - R961

**A. PERSON IN CHARGE:**

Details of the person in whose name the Certificate of Acceptability must be issued.

Surname		
First name (s)		
I.D. / Passport Number		
	Copy of RSA identification document attached.	
	Copy of valid passport attached, if applicable.	
	Copy of Valid Temporary Work permit to be attached, if an immigrant or asylum seeker.	
	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:		
City Business Partner Number:		

**B. PARTICULARS OF FOOD PREMISES / MILKING SHED / OWNER OF VEHICLE:**

Name of Food Premises /Farm/ Business/Transporter/ Trading Name (if any)		
Physical Address (Food Premises, Farm or Transporter)	Building Name (if applicable)	
	Shop Number (if applicable)	
	Floor level (if applicable)	
	Street Name and Number	
	Suburb	
Postal Address (Food Premises, farm or Transporter)	Erf Number (if applicable)	

Vehicle(s) to be used for the transporting of Perishable/ Prepacked Foodstuffs [Regulation 3(1)(a) and 14(6)(a)]	Registration Number Registration Number Registration Number	
Areas where food is transported to: Local/Provincial/National		
<b>Type of Food Premises/Milking Sheds</b> (e.g. building, vehicle, stall) <b>[R638 - Regulation 3(1)(a)], [R961 – Regulation 2(1)]</b>	Bakery/Butchery/Caterer/Deli/fish monger/ Food Manufacturer (incl. Brewery)/ Retail Non-Preparation of Foodstuffs/Home Based Food Manufacturer/Informal Food Trader - Non-Preparation/Informal Food Trader – Preparation/Milk Processing (Supplying Retail)/ Ready to eat heat treated meat and poultry products - Processing Facility/Food prepared and served at a table on site./ Takeaway/Warehouse/Transporter Refrigerated/Transporter not Refrigerated/ <b>CHOOSE THE FOLLOWING IF AN INSTITUTION</b> /Early Childhood Development Centre/Old Age Home/Hospital/School/Orphanage/Nursing Home/ Mental Institution/ Prison/NGO's/NPO's	
Webpage, if applicable		
GPS Co-ordinates, if available		

**If the following are not situated on the food premises, note the address or describe the location thereof:**

	Erf No.	Address
Sanitary (toilet) facilities		
Cleaning facilities (wash basins for facilities)		
Hand washing facilities		
Storage facilities for food/facilities		
Preparation premises:		

**FUEL BURNING EQUIPMENT:**

**Indicate any fuel burning equipment being used and the fuel source.**

<input type="checkbox"/> Hot Water Boiler	
<input type="checkbox"/> Air Heater	
<input type="checkbox"/> Oven (other than electrical)	
<input type="checkbox"/> Smoke Box	
<input type="checkbox"/> Wood burning Pizza Oven	
<input type="checkbox"/> Tikka oven (brick installation under fixed extraction)	
<input type="checkbox"/> Commercial Braai (under fixed extraction)	
<input type="checkbox"/> Commercial Fireplace	

<b>Please indicate if a backup source of electricity is available?</b>	YES/NO
If a backup source of electricity is available indicate the type (UPS, Generator, Solar etc.)	

**C. FOOD CATEGORY:**

**C1.** List and describe the **food items** or nature or type of food involved:

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**C2.** In the case of **Milking sheds** indicate the maximum number of milk animals to be milked?

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**D. QUANTITIES OF FOOD TO BE HANDLED:**

Indicate envisaged production output or number of persons to be catered for:

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**E. NATURE OF HANDLING:**

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

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**F. STAFF:**

Number of persons employed or to be employed:

Males		Females		Total	
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**G. PARTICULARS OF EXEMPTION BEING APPLIED FOR: [R638 - Regulation 14(1)] [R961 - Regulation 12]**

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**H. DESCRIPTION & PLAN OF PREMISES:**

Attached to this application, a lay out plan of the premises, drawn on scale **1:50 or 1:100**, which indicates the designation of the various areas and position of all equipment. (If applicable)

**I. PARTICULARS OF APPLICANT: (If not also the person in charge)**

Name		
Capacity (e.g. owner, managing director, manager)		
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		
Cell No:		

E-mail:	
City Business Partner Number:	

**J. DECLARATION:**

I declare that the abovementioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation, Bylaws or regulations that may be applicable and that I understand the stipulations listed in **[R638 - Regulation 3(5)(c)] [R961 - Regulation 3(6)b.]**

The evaluation and the issuing of the Certificate of Acceptability is done based on conditions as presented at the time of inspection to the Environmental Health Practitioner.

Should conditions change as set out in **[R638 - Regulations 3 (5) - (10)], [R961- Regulation 4(1-4)]**, I am bound to re-apply for the premises to be re- evaluated for acceptability under these Regulations.

**Date of application:** .....

**Signature of person in charge:** .....