



**APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES
IN THE CITY OF CAPE TOWN**

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 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:		

B. PARTICULARS OF FOOD PREMISES / OWNER OF VEHICLE:

Name of Food Premises / Business / Trading Name (if any)		
Physical Address (Food Premises)	Building Name (if applicable)	
	Shop Number (if applicable)	
	Floor level (if applicable)	
	Street Name and Number	
	Suburb	
Postal Address (Food Premises)	Erf Number (if applicable)	
	Physical Address (in the case of a business solely in the business of transporting perishable food on behalf of someone else)	
	Postal Address (in the case of a business solely in the business of transporting perishable food on behalf of someone else)	

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	
Type of Food Premises(e.g. building, vehicle, stall)[Regulation 3(1)(a)]		
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:		

C. FOOD CATEGORY:

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

D. QUANTITIES OF FOOD TO BE HANDLED:

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

E. NATURE OF HANDLING:

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

F. STAFF:

Number of persons employed or to be employed:

Males		Females		Total	
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G. PARTICULARS OF EXEMPTION BEING APPLIED FOR: [Regulation 14(1)]

H. PLAN OF PREMISES: [Where applicable]

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

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:		

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 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 re -apply 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):

FOR OFFICIAL USE ONLY

APPROVED:

DATE:

CERTIFICATE NO.: