

# Application for Registration under Food Act 2014



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## A food business with more than one site, all in this Council's area

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

- The completed scope of operations document. Find this at [CODC Scope of Operations](#).
- 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 viewed 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](http://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.

# Application for Registration under Food Act 2014



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### What type of registration are you applying for?

Food control plan/FCP (MPI template)
  NP 3
  NP 2
  NP 1

You must complete the scope of operations document this will help determine the type of registration. Please phone Environmental Health to discuss if you have any questions.

Where you registered before 1 March 2016?

<b>What was your registration/exemption number?</b> <i>Get this from your current certificate of registration</i>	
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<b>Who is the operator of the food business</b> <i>This section is for the owner or person in control of the food business. If you are applying for an NP registration, there can only be one business and operator. If you are applying for registration under the template food control plan, there can be different businesses under the same registration. In that case, this operator is the person responsible for the food control plan and Appendix 1 is for the other businesses and addresses.</i>	
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<b>Legal Name(s) of Operator (e.g. registered company, partnership or individual):</b>	<input type="checkbox"/> Attach a copy of the company name registration from the New Zealand Companies office ( <a href="http://www.companies.govt.nz">www.companies.govt.nz</a> )
<b>NZ Business Number(s)</b>	If you have a New Zealand Business Number (NZBN), provide this. For more information see <a href="https://www.business.govt.nz/companies">https://www.business.govt.nz/companies</a>
<b>Trading Name, if any (premises name):</b>	<input type="checkbox"/> Or same as legal name above

<b>Operator Address and Contact Details</b> <i>You must provide this information to be registered.</i>	
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Postal Address	Physical Courier Address (if different to postal address)
Address: Town/City: Postcode: Country:	Address: Town/City: Postcode: Country:
<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.

<b>Contact Person Details</b>			
<p><i>The contact person details entered below will be used for communications about your registration. Contact CODC Environmental Health if the details change.</i></p>			
<b>Name</b>			
<b>Mobile telephone no.</b>		<b>Other telephone no.</b>	
<b>Email</b>	<p>By entering an email address you consent to being sent information and notifications electronically, if required.</p>		
<b>Operator day-to-day manager name and position</b>	<p>Name:</p> <p>Position:</p>		

<b>Have you attached the scope of operations document for your business</b>
<input type="checkbox"/> Scope of Operations attached.
<p>If your business changes in any way you must notify CODC Environmental Health to update the scope of operations.</p>

<b>Who will be doing your verification</b>	
<b>Council</b>	<input type="checkbox"/>
<b>NZ Business Number(s)</b>	<input type="checkbox"/> I have attached a confirming letter from my verification agency.

<b>Applicant statement</b>			
<p>I confirm that:</p> <ol style="list-style-type: none"> <li>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</li> <li>2. The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and</li> <li>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</li> <li>4. I am authorised to make this application on behalf of the operators list in section 3; and</li> <li>5. Every operator of the food businesses covered by the Food Control Plan is a 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</li> <li>6. Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014.</li> </ol>			
<b>Name</b>		<b>Job Title</b>	
<b>Signature</b>		<b>Date</b>	

## Final check before sending your application

Post to: Central Otago District Council, PO Box 122., Alexandra 9340

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?

## Office Use Only

Office Use Only

Date received: \_\_\_\_\_ Date Issues: \_\_\_\_\_

Expiry: \_\_\_\_\_ Area: \_\_\_\_\_

Payment: \_\_\_\_\_

## Collection of information

### Collection of Personal Information

Pursuant to Principle 3 of the Privacy Act 1993, we advise that:

- 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 Central Otago District Council, PO Box 122, Alexandra 9320; and
- 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.

### Collection of Official Information

- All information provided to the Central Otago 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 Central Otago District Council must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation.

## Appendix 1

<b>Details for Other Addresses</b>					
<i>Hint: Add additional rows as necessary or attached a file (e.g. spreadsheet) to application email with all of the information required below</i>					
<b>Legal name(s) of site operator (e.g. registered company, partnership or individual)</b>  <i>This is for template FCP registrations only. Tick box to confirm company registration certificate is attached for any limited liability companies)</i>	<b>NZ Business Number</b>  <i>Where applicable</i>	<b>Site trading name, if any</b>	<b>Street/Physical Address</b>  <i>Location of actual place</i>	<b>Vehicle Registration Numbers</b>  <i>Mobile business only</i>	<b>Site day-to-day Manager Position</b>
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	
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