

Application to register a food business with more than one site

Checklist

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/foodact
- Copy of menu **or** list of food for sale.
- If you are applying for a National Programme (NP) registration, you may 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 that Council verify businesses registered under an MPI template food control plan, unless the business chooses to operate the food control plan in more than one council district and/or predominantly wholesale their food.
- If any of the businesses covered in this application are a registered limited liability company, a copy of the company registration certificate. See www.companies.govt.nz
- Registration information for every address covered in this application. Attaching a spreadsheet to the application is preferred. Appendix 1 shows the information required for each address in addition to the main one.
- 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 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 to register a food business with more than one site



Under the Food Act 2014

Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to mark your answers; and
- print clearly.

Operator details *(Please print in CAPITALS)*

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 the Appendix is for the other businesses and addresses.

Title (if applicable): Mr Mrs Miss Ms NAR

Legal name(s) of operator (i.e. registered company, partnership, or individual)

Postal address of operator

 Postcode

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 one (for more information about NZBN's, including how to get one, see www.business.govt.nz/companies)

Business details *(Please print in CAPITALS)*

Trading name, if different to legal name above (e.g. "Trading as")

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Landline phone number

Mobile phone number

Debtor number

Email

You must provide the following 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 of business

 Postcode

The above postal address is a private dwellinghouse and I wish it to be withheld from the public register.

Continued over page

Office use only

Receipt number

Registration number

Date received / / 20

Parcel

Business details (Please print in CAPITALS)

Physical/courier address, if different to postal address

The above physical address is a private dwellinghouse and I wish it to be withheld from the public register.

Operator contact person details (Please print in CAPITALS)

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.

Title: Mr Mrs Miss Ms NAR

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Name of day-to-day manager of business

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Position

Postal address

Postcode

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Landline phone number

0	-	
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Mobile phone number

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Email (by entering an email address you consent to being sent information and notifications electronically, if required)

Registration details

What type of registration are you applying for? (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(s)?

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Verification (Please print in CAPITALS)

Who will be doing your verification?

Council

Other

Insert name of verification agency

Please attach a letter of confirmation from your verification agency.

Letter from verification agency attached

Scope of operations

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

Scope of Operations attached

Completed table of contents (Food Control Plans only)



Applicant statement *(Please print in CAPITALS)*

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

I also confirm that:

3. I am authorised to make this application on behalf of the operators listed in section 3; and
4. Every operator of the food businesses covered by the Food Control Plan 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. Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014.

Name *(please print)*

Job title

Signature of applicant

 / / 2 0

Date

Final check before sending your application

Have you:

- filled this form in completely and legibly?
- attached the scope of operations document?
- attached a copy of the menu or list of foods for sale?
- attached a letter from your verifier (if that won't be an inspector from 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?

Send your application with payment to: Environmental Health Officer, Tararua District Council, PO Box 115, Dannevirke 4942.

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 the Ministry for Primary Industries, PO Box 2526, Wellington 6140; 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, whichever 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, whichever 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 Ministry for Primary Industries 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 must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation.



Appendix – details for other addresses (Please print in CAPITALS)

Continue on a separate sheet, if necessary, and attach to the application.

Legal name(s) of operator *(This is for template food control plan registrations only. Tick box to confirm company registration certificate is attached for any limited liability companies.)*

I have attached a copy of the company name registration from the New Zealand Companies Office (www.companies.govt.nz)

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NZ business number *(where applicable)*

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Site trading name, if any *(e.g. "Trading as")*

Physical/street address

The above address is a private dwellinghouse and I wish it to be withheld from the public register.

Vehicle registration numbers *(mobile businesses only)*

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Site day-to-day manager position *(e.g. Store Manager)*

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