



OVERBERG

DISTRIKSMUNISIPALITEIT DISTRICT MUNICIPALITY UMASIPALA WESITHILI

Sub – district Office
Phone: (028)
email:

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Bredasdorp, 7280
Phone: (028) 425 1157 Fax: (028) 425 1014

NB: APPLICATION FORM MUST BE COMPLETE IN FULL!

APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

Regulation 3 (2) of R 638 / 2018 under the Foodstuffs, Cosmetics and Disinfectants Act.

APPLICATION FEES for 2023/2024 FINANCIAL YEAR

PREMISES <30M ²	PREMISES >30M ²	SUPERMARKETS	EVENTS (4 DAYS AND LESS)
R500.00	R1000.00	R3000.00	R250.00

A. PERSON IN CHARGE

Surname:	
First names:	
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 address:	

B. PARTICULARS FOR FOOD PREMISES / OWNER OF VEHICLE

Indicate kind of business with a X:	Food premises	Transporting of food on behalf of someone else.	
Name of food premises / Business / Trading Name:			
Physical Address :	Building Name(if applicable):		
	Shop Number(if applicable):		
	Floor Level(if applicable):		
	Street Name and Number:		
	Suburb:		
	Erf Number (if applicable):		
Postal address:			
E- Mail address:			
Webpage (If available):			
GPS Coordinates (If available):	Latitude	Longitude	
Type of Food Premises (e.g. Building, Vehicle or Stall):			
Vehicles to be used for the Transport of Foodstuffs: (If more than 3 attach list)	Registration No.:	Make and model:	

C. IF THE FOLLOWING ARE NOT SITUATED ON THE FOOD PREMISES, NOTE THE ADDRESS OR DESCRIBE THE LOCATION THEREOF:

a. Sanitary (latrine) facilities:	
b. Cleaning facilities (wash-basins for facilities):	
c. Hand-washing facilities:	
d. Storage facilities for food/facilities:	
e. Premises for preparation:	

D. FOOD CATEGORY

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

E. NATURE OF HANDLING

List and describe what your activities will entail (ex. preparation, packing, selling and / or processing):

F. QUANTITIES OF FOOD TO BE HANDLED

Indicate envisaged production output or number of persons to be catered for:	
Estimated Kg or Tons a day produced:	
Estimated number of persons to serve per day:	

G. WATER SOURCE USED ON THE PREMISES

Indicate the water source used on the premises and the purpose:			
Municipal water:		Purpose	
Borehole water:		Purpose	
Rainwater:		Purpose	

H. STAFF

Number of persons employed or to be employed.		
Males:	Females:	Total:

I. PLAN OF PREMISES

Attach to this application, a layout plan of the premises, drawn on scale 1:50, which indicates the various areas (e.g., Storeroom, refuse-, preparation area etc.) with the position of all equipment.						
Plans Attached:	Yes	No	If no give reason		Floor size m ²	

J. PARTICULARS OF APPLICANT (If not also the person in charge)

First names and Surname						
Capacity (e.g., owner, director, secretary etc.)						
Contact details	Cell		E-Mail			
Signature:		Date of application:				

K. DECLARATION

I declare that the above-mentioned information is correct.	
I understand that it is my legal responsibility and liability to ensure that these premises complies with all other legislation and undertake to comply with this undertaking. [Regulation 3(5)(c)].	
The evaluation and issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health practitioner.	
Should conditions change as set in Regulation 3(5) to 3(10), I am bound to re-apply for the premises to be re - evaluated for acceptability under these regulations.	
Date of declaration:	
Signature of person in charge:	
Signature of owner (if not person in charge):	

BANKING DETAILS:

Bank: NEDBANK Limited Bank, **Acc. No:** 117-652-4496, **Branch name:** Worcester & Overberg Inland, **Branch code:** 198765
Account type: CURRENT, **Acc. Name:** Overberg District Municipality, **Acc. Opened:** 31/08/2018.
Reference: Name of business – E4.1 - and Code of EHP

FOR OFFICE USE ONLY

Application approved by EHP (Yes/No):	
Name of EHP:	
Date of receiving application by EHP:	
Inspection checklist reference(EHP):	
Outstanding info (EHP):	
Amount paid by client and description:	
Supporting Documents attached (Yes/No)	
Received by (Principal Clerk):	
Date received (Principal Clerk):	
Application verified by(Area Manager):	
Application approved by verifier (Yes/No):	
Reason for rejection by Verifier:	
Date of verification:	
Signature of person verifying:	
Rejection reason corrected:	
Date of re-verification:	
Signature of person verifying:	