



## 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: 2025/2026 Financial Year**  
(01 July 2025 – 30 June 2026)

PREMISES <30M <sup>2</sup>	PREMISES >30M <sup>2</sup>	SUPERMARKETS	VEHICLE/TRAILERS	EVENTS (4 DAYS & LESS)	REPLACEMENT OF COA
R572	R1145	R3435	R572	R286	R371

### A. PERSON IN CHARGE

<b>Surname:</b>	
<b>First names:</b>	
<b>I.D. / Passport Number:</b>	
<b>Postal address:</b>	
<b>Residential address:</b>	
<b>Tel. No: Business:</b>	
<b>Tel. No: Residential:</b>	
<b>Email Address:</b>	
<b>Cell No.:</b>	

### B. PARTICULARS FOR FOOD PREMISES / OWNER OF VEHICLE

<b>Type of Business</b> (e.g. Take Aways, Supermarket, Restaurant, Stall, etc.)						
<b>Name of food premises / Business / Trading Name:</b>						
<b>Physical Address:</b>	<b>Building Name:</b> (if applicable)					
	<b>Shop Number:</b> (if applicable)					
	<b>Floor Level:</b> (if applicable)					
	<b>Street Name and Number:</b>					
	<b>Postal address:</b>					
	<b>Suburb:</b>					
	<b>Erf Number:</b> (if applicable)					
<b>Business E-Mail address:</b>						
<b>Website / Webpage (If available):</b>						
<b>PLAN OF PREMISES</b>		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.				
<b>Plan Attached:</b>	Yes	No	<b>If no, give reason</b>		<b>Floor size (m<sup>2</sup>)</b>	
<b>Vehicles to be used for the Transport of Foodstuffs:</b> (If 3 or more, please attach list)			<b>Registration No:</b>			
			<b>Make and model:</b>			
			<b>Year</b>			
			<b>Purpose of the transport</b>			



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

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

**D. FOOD CATEGORY**

<b>List and describe the food items or the nature or types of food involved (according to your Menu):</b>

**E. NATURE OF HANDLING**

<b>List and describe what your activities will entail (e.g. preparation, packing, selling and / or processing):</b>

**F. QUANTITIES OF FOOD TO BE HANDLED**

<b>Indicate the envisaged production output or number of people to be catered for:</b>	
Estimated Kg or Tons a day produced:	
Estimated number of people to serve per day:	

**G. WATER SOURCE USED ON THE PREMISES**

<b>Indicate the water source used on the premises and the purpose:</b>			
Municipal water:		Purpose:	
Borehole water:		Purpose:	
Rainwater:		Purpose:	

**H. STAFF**

<b>Number of people employed or to be employed.</b>		
Males:	Females:	Total:

**I. PARTICULARS OF APPLICANT (IF NOT ALSO THE PERSON IN CHARGE)**

<b>First names and Surname</b>			
<b>Capacity (e.g. owner, director, secretary etc.)</b>			
<b>Contact details</b>		Date of application:	
Cell No.:		<b>Signature:</b>	
E-Mail Address:			



## J. DECLARATION

*Did you submit all supporting documentation?*

SUPPORTING DOCUMENTS VERIFICATION CHECKLIST	Yes	No	Comments
Completed Application Form			
Certified copy of South African identification document (if South African citizen)			
Certified copy of valid Passport for Foreign Nationals (if applicable)			
Certified copy of Business Visa for Foreign Nationals (if applicable)			
Copy of Proof of Residence			
Copy of Proof of Payment			
Attach a layout plan of the premises, drawn on scale 1:50, which indicates the various areas in the premises			
Copy of Close Corporation Registration Certificate (if applicable)			

**NB: APPLICATION FORM MUST BE COMPLETED IN FULL & ALL SUPPORTING DOCUMENTS ATTACHED!!!**

I declare that the above-mentioned 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 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.

<b>Date of declaration</b>	<b>Signature of person in charge</b>	<b>Signature of Owner (if not person in charge)</b>

## K. BANKING DETAILS

<b>BANK:</b>	NEDBANK LIMITED
<b>ACCOUNT NUMBER:</b>	1176524496
<b>ACCOUNT NAME:</b>	OVERBERG DISTRICT MUNICIPALITY
<b>ACCOUNT TYPE:</b>	CURRENT / CHEQUE
<b>BRANCH NAME:</b>	BREDASDORP
<b>BRANCH CODE:</b>	198765
<b>PAYMENT REFERENCE:</b>	NAME OF PREMISES & TOWN



### FOR OFFICE USE ONLY

<b>1. APPLICATION RECEIVED BY: (Principal Clerk)</b>				
<b>Name &amp; Surname:</b>		<b>Signature:</b>		
<b>Date Received:</b>				

  

SUPPORTING DOCUMENTS VERIFICATION CHECKLIST	Yes	No	Comments
Certified copy of South African identification document (if South African citizen)			
Certified copy of valid Passport for Foreign Nationals (if applicable)			
Certified copy of Business Visa for Foreign Nationals (if applicable)			
Copy of Proof of Residence			
Copy of Proof of Payment			
Attach a layout plan of the premises, drawn on scale 1:50, which indicates the various areas in the premises			
Copy of Close Corporation Registration Certificate (if applicable)			
<b>General Comments:</b>			

  

<b>2. APPLICATION RECOMMENDED BY: (Environmental Health Practitioner)</b>			
<b>Name &amp; Surname:</b>		<b>Signature:</b>	
<b>Date Received:</b>			

  

Inspection checklist reference (EHP):	
Outstanding info (EHP):	
Approval Date:	
Amount paid by client and description:	
<b>General Comments:</b>	

  

<b>3. APPROVAL OF APPLICATION: (Area Manager)</b>	
<b>Application Verified by:</b>	

  

<b>Application Approved:</b>	Yes	No	
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<b>IF YES:</b>	Approval Date:		Approver Signature:	
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<b>IF NO:</b>	Rejection Date:		Approver Signature:	
<b>Reason for Rejection:</b>				

  

<b>RE-VERIFICATION</b>	<b>Has corrective measures been applied:</b>	Yes	No	
	Date of Re-Verification:			
		Approver Signature:		