



OVERBERG

DISTRIKSMUNISIPALITEIT DISTRICT MUNICIPALITY UMASIPALA WESITHILI

Private Bag X 22
26 Long Street, Bredasdorp
Bredasdorp, 7280

Enquiries: Mashudu Lucy Mukoma
Tel: 028 425 1157
Email: info@odm.org.za

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: 2026/2027 Financial Year
(01 July 2026 – 30 June 2027)

PREMISES <30M ²	PREMISES >30M ²	SUPERMARKETS	VEHICLE/TRAILERS /INFORMAL VENDOR	EVENTS (4 DAYS & LESS)	REPLACEMENT OF COA
R610	R1210	R3640	R610	R300	R400

A. PERSON IN CHARGE

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

B. PARTICULARS FOR FOOD PREMISES / OWNER OF VEHICLE

Type of Business (e.g. Take Aways, Supermarket, Restaurant, Stall)		
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:	
	Postal address:	
	Suburb:	
Erf Number (if applicable):		
Business E- Mail address:		
Webpage (If available):		
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	Plans Attached: If no give reason Yes No If no give reason Floor size m ²
Vehicles to be used for the Transport of Foodstuffs: (If more than 3 attach list)		Registration No: Make and model: Year Purpose of the transport

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:	



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D. FOOD CATEGORY

List and describe the food items or the nature or type of food involved (e.g According to your Menu):

E. NATURE OF HANDLING

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

F. QUANTITIES OF FOOD TO BE HANDLED

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

G. WATER AND ELECTRICITY SOURCE USED ON THE PREMISES

Indicate the water source used on the premises and the purpose:				
Municipal water:		Purpose		
Borehole water:		Purpose		
Rainwater:		Purpose		
Backup Power Generator or Solar	Yes	No	Description	

H. STAFF

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

I. 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:	

Did you submit all supporting documentation

Supporting Documents verification (Yes/No)	Yes	No	Comments
Completed Application form			
Certified (not older than 6 months) copy of South African identification document, (if South African citizen.)			
Copy of proof of residence (not older than 3 months)			
Copy of proof of Payment			
Certified copy of valid Passport for foreign national.			
Certified copy of Business Visa for foreign national.			
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)			
Copy of Medical Waste Removal agreement and Removal Certificate			

NB: APPLICATION FORM MUST BE COMPLETE 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.	
Date of declaration:	
Signature of person in charge:	
Signature of owner (if not person in charge):	



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BANKING DETAILS	
BANK:	NEDBANK LIMITED
ACCOUNT NUMBER:	1176524496
ACCOUNT NAME:	OVERBERG DISTRIC MUNICIPALITY
ACCOUNT TYPE:	CURRENT/CHEQUE
BRANCH NAME:	BREDASDORP
BRANCHCODE:	198765
PAYMENT REFERENCE:	NAME OF PREMISES & TOWN

FOR OFFICE USE ONLY

1. Supporting Documents verification (Yes/No)	Yes	No	Comment
Received by (Principal Clerk) Name & Signature:			
Date received (Principal Clerk):			
Copy of proof of Payment			
Copy of proof of residence			
Certified (<i>not older than 6 months</i>) ID copy or home affairs verified valid Passport and Visa for foreign national.			
Certified copy of Business Visa for foreign national.			
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)			
General Comments:			

2. Application Recommended by (Yes/No)	Yes	No
Name of EHP & Signature:		
Date of receiving application by EHP:		
Inspection checklist reference (EHP):		
Outstanding info (EHP):		
Approval Date:		
Amount paid by client and square meter description:		
General Comments:		

3. Application verified & approved by (Area Manager):	Yes	No
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:		
General Comments:		