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NELSON MANDELA BAY MUNICIPALITY

APPLICATION FORM FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

[R918 DATED 30 JULY 1999]

(A) PERSON IN CHARGE:

Surname and first names of the person in whose name the Certificate of Acceptability must be issued:

.....

ID No. / Passport No.: .....

Address: Postal Address: .....

.....

.....

Address : Residential Address: .....

.....

.....

.....

TEL. No: Business ..... **Residential** .....

(B) PARTICULARS OF FOOD PREMISES:

Name of food premises (if any) : .....

Erf No. : .....

Type of food premises (e.g. building, vehicle stall) : .....

Location address or address where the food premises can be inspected: .....

.....

.....

If the following are not situated on the food premises, note the address or describe the location thereof:

		ERF No.	ADDRESS
)	Sanitary (latrine) facilities	.....	.....
)	Cleaning facilities (wash-basins for facilities)	.....	.....
)	Hand-washing facilities	.....	.....
)	Storage facilities for food / facilities	.....	.....
	Preparation premises	.....	.....

(C) **FOOD CATEGORY:**

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

.....

.....

.....

(D) **NATURE OF HANDLING:**

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

.....

.....

.....

(E) **STAFF**

Number of persons employed or to be employed: Men ..... **Women:** .....

(F) **PARTICULARS OF EXEMPTION BEING APPLIED FOR: [Regulation 15(1)]**

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.....

.....

(G) **PARTICULARS OF APPLICANT:**

Name: .....

Capacity (e.g. owner / managing director / secretary / manager): .....

Postal Address: .....

.....

.....

.....

Tel. No.: .....

Date of application: .....

SIGNATURE: .....