



PUBLIC HEALTH

APPLICATION FORM FOR CERTIFICATE OF ACCEPTIBILITY FOR FOOD PREMISES

(R 638 DATED 22 JUNE 2018)

Surname and first names of person in whose name the certificate of acceptability must be issued Postal Address: Residential address: Contact number B. PARTICULARS OF FOOD PREMISES Name of business (if any) Location address or addresses where the food can be inspected Erf no. (if applicable) Type of food premises e.g. building, vehicle, stall the following are not situated on the food premises, note the address or describe the location thereof Erf no. Address					
Postal Address: Residential address: Contact number B. PARTICULARS OF FOOD PREMISES Name of business (if any) Location address or addresses where the food can be inspected Erf no. (if applicable) Type of food premises e.g. building, vehicle, stall the following are not situated on the food premises, note the address or describe the location thereof Erf no. Address			ID.		
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Erf no. Address	o. (if applicable) of food premises e.g. building,				
	o. (if applicable) of food premises e.g. building, le, stall	ood premises r	ote the address o	or describe the loca	tion thereof:
a) Sanitary (latrine) facilities	o. (if applicable) of food premises e.g. building, le, stall owing are not situated on the f		ote the address o		tion thereof:
b) Clearing facilities (wash basin) b) Hand-washing facilities	o. (if applicable) of food premises e.g. building, le, stall owing are not situated on the funitary (latrine) facilities		ote the address o		tion thereof:
f)Storage facilities for food/facilities	o. (if applicable) of food premises e.g. building, le, stall owing are not situated on the funitary (latrine) facilities eaning facilities (wash basin)		ote the address o		tion thereof:
Preparation premises	o. (if applicable) of food premises e.g. building, le, stall lowing are not situated on the familiary (latrine) facilities eaning facilities (wash basin) and-washing facilities brage facilities for food/facilities		ote the address o		tion thereof:
	o. (if applicable) of food premises e.g. building, le, stall lowing are not situated on the familiary (latrine) facilities eaning facilities (wash basin) and-washing facilities brage facilities for food/facilities		ote the address o		tion thereof:
C. CATEGORY:	o. (if applicable) of food premises e.g. building, le, stall lowing are not situated on the familiary (latrine) facilities eaning facilities (wash basin) and-washing facilities brage facilities for food/facilities		ote the address o		tion thereof:
to the small of the first the second the sections and the sections of first three boards	o. (if applicable) of food premises e.g. building, le, stall lowing are not situated on the famitary (latrine) facilities eaning facilities (wash basin) and-washing facilities brage facilities for food/facilities eparation premises		ote the address o		tion thereof:
List and describe the food items or the nature or type of food involved	o. (if applicable) of food premises e.g. building, le, stall lowing are not situated on the funitary (latrine) facilities eaning facilities (wash basin) and-washing facilities brage facilities for food/facilities eparation premises ATEGORY:	Erf no.		Address	tion thereof:
	o. (if applicable) of food premises e.g. building, le, stall lowing are not situated on the funitary (latrine) facilities eaning facilities (wash basin) and-washing facilities brage facilities for food/facilities eparation premises ATEGORY:	Erf no.		Address	tion thereof:

D. NATURE OF HANDLING:			
List and describe what your activities will	l entail (e.g. prepara	tion or packing and p	processing)
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E. STAFF:			
Number of persons to be employed		Men	Women
F. PARTICULARS OF EXEMPTION BEING	APPLIED FOR:		
Regulation 14(1)			
G. PARTICULARS OF APPLICANT:			
Name			
Capacity (e.g. owner, managing director,			
secretary, manager) Postal address			
Contact number			
SIGNITURE OF APPLICANT	 D	ATE	