

**APPLICATION FORM FOR CERTIFICATE OF
ACCEPTABILITY FOR FOOD PREMISES
(R 638 DATED 22 JUNE 2018)**

Receipt no..... Licence fees.....

A. PERSON IN CHARGE

Surname and first names of person in whose name the certificate of acceptability must be issued	I.D. Number.....
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Postal Address:

Residential address:

Contact number

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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	

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

	Erf no.	Address
a) Sanitary (latrine) facilities		
b) Cleaning facilities (wash basin)		
c) Hand-washing facilities		
d) Storage facilities for food/facilities		
e) Preparation premises		

C. CATEGORY:

List and describe the food items 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 to be employed

Men

Women

F. PARTICULARS OF EXEMPTION BEING APPLIED FOR:

Regulation 14(1)

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G. PARTICULARS OF APPLICANT:

Name

Capacity (e.g. owner, managing director, secretary, manager)

Postal address

Contact number

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SIGNITURE OF APPLICANT

.....
DATE