CITY OF TSHWANE
IGNITING EXCELLENCE

APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food and Related Matters
Government Notice R638 of 22 June 2018

A. PERSON IN CHARGE

First names and surname of the person in whose name the certificate of acceptability must be issued													
Identity number													
Residential address													
Postal address													
Contact number													
Email address													

B. PARTICULARS OF FOOD PREMISES

Name of food premises			
Type of food premises (building, vehicle, stall, caravan, etc)		Erf number	
Physical address of food premises			
Webpage (if applicable)			
GPS coordinates (if applicable)			
Postal address of food premises			
Physical address of the business solely transporting foodstuffs on behalf of a food premises			
Vehicles to be used for the transportation of perishables and/or foodstuffs	Registration number		
	Registration number		

If more than two vehicles are used, please attach list.

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

	Erf number	**Address**
Sanitary (latrine) facilities		
Cleaning facilities (wash basins for facilities)		
Handwashing facilities		
Preparation premises		

C. FOOD CATEGORY

List and describe the food items, or the nature or type of food involved:

_____

_____

_____

D. QUANTITIES OF FOOD TO BE HANDLED

Indicate the envisaged production output or number of persons to be catered for:

_____

_____

_____

E. NATURE OF HANDLING

List and describe what your activities will entail (preparation or packing for processing):

_____

_____

_____

F. STAFF

Number of persons employed or to be employed: Men: _____ Women: _____

G. PARTICULARS OF EXEMPTION BEING APPLIED FOR (REGULATION 14(1)):

_____

_____

_____

H. PLAN OF PREMISES

Attach to this application a layout plan of the premises, drawn on scale 1:50, which indicates the designation of the various areas and the position of all equipment.

I. PARTICULARS OF APPLICANT

Name and surname	
Identity or passport number	
Capacity (owner, managing director, secretary, manager, etc)	
Residential address	
Postal address	
Contact number	

Date of application: _____/_____/20___ Signature: _____