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**APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY IN TERMS OF REGULATION 3
(2) OF THE REGULATIONS GOVERNING GENERAL HYGIENE REQUIREMENTS FOR
FOOD PREMISES, THE TRANSPORT OF FOOD AND RELATED MATTERS NO. R638 OF
22 JUNE 2018 (GN. NO. 41730).**

A. PERSON IN CHARGE

Surname:			
First Names			
I.D./Passport Number:			
	Copy of RSA identification document attached		
	Copy of Valid Passport attached, if applicable		
	Copy of Work/Business permit, Copy of Resident documentation attached, if an Immigrant		
	Copy of the Company /Close Corporation Registration		
	Certificate indicating all Directors /members and addresses attached, if applicable.		
Postal address:			
Residential address:			
Tel no: business		Cell no:	
Fax:		E-mail:	

B. PARTICULARS OF FOOD PREMISES

Business/Trading Name	
Premises Address (Physical):	
Building Name (if applicable)	
Shop Number (if applicable)	
Floor Level (if applicable)	
Street Name and Number	
Suburb	
Erf No	
Premises Postal address:	
Physical Address : (In the case of a business solely in the business of transporting perishable food on behalf of someone else)	

Vehicle(s) to be used for the transporting of Perishable / Prepacked Foodstuffs [Regulation 3 (1)(a) and 14 (6) (a)]	Registration Number:	
Type of premises (e.g. building, vehicle, stall)		
Webpage, if applicable		
GPS Coordinates, if available		

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 basins for equipment)		
c) Hand washing facilities		
d) Storage facilities for food/equipment		
e) 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 envisaged production output or number of persons to be catered for.:

E. NATURE OF HANDLING

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

F. STAFF

Number of persons employed or to be employed:	Males:		Females:	
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G. PARTICULARS OF EXEMPTION(S) BEING APPLIED FOR (Attach Separate Sheet in Necessary) (REGULATION 15(1))

H. PLAN OF PREMISES

Attach to this application a scale plan (1:50) of the premises showing layout, designation of various areas and position of all equipment.

I. PARTICULARS OF APPLICANT (IF NOT ALSO THE PERSON IN CHARGE)

Name:			
ID. No. Copy of Documentation to be attached	Copy of RSA identification Document attached. Copy of Valid Passport attached, if applicable Copy of Work/Business permit, Copy of Resident documentation attached, if an Immigrant.		
	Copy of the Company /Close Corporation Registration Certificate indicating all Directors /members and addresses attached, if applicable.		
Capacity (e.g. owner, managing director, secretary, Manager):			
Postal address:			
Residential address:			
Tel no: business		Cell no:	

SIGNATURE:	<u>DECLARATION</u>
	I declare that the abovementioned 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 the issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health Practitioner.
	Should conditions change as set out in Regulations 3 (5) - (10), I am bound to re -apply for the premises to be re- evaluated for acceptability under these Regulations.
	Date of application: _____
	Signature of person in charge: _____
	Signature of owner (if not person in charge) _____