

# Application for Registration under Food Act 2014 – Multi Site



ISO 9001  
Document Number:  
LAF0011-C12444

## A food business with more than one site, all in this Council's area

Note before you start:

- If you are applying for a National Programme (NP) registration, you can choose your verifier. You will need a confirming letter from your verifier to attach to this application. A list of recognised verification (or audit) agencies can be found on the MPI website, under 'registers and lists'.
- Council is the verifier for businesses registered under a template food control plan.
- You need to make sure you can confirm that the operator of the food businesses is a resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007.

### Check before sending your application

#### Have you:

- Filled this form in completely and legibly?
- Attached and completed the scope of operations?
- Attached a letter from your verifier if that isn't Council?
- Attached copies of company registration certificates if you have a registered limited liability company?
- Attached and completed Tradewaste Discharge contact information?
- Read and signed the Applicant Statement?
- Included fee payment for this application? *\$270.00 plus \$50 for each additional site*
- Address details sheet included in the application?

#### Payment Details:

- Cash / Eftpos
- Internet Banking: - Pay to Account No. 020600-0202861-02  
Reference: FCP then applicants name. Date Paid: \_\_\_\_\_
- Credit Card (counter only - 2.3% fee applies)

What type of registration are you applying for?

- MPI template food control plan
- NP 3
- NP 2
- NP 1
- OPTED UP

(Hint: For guidance contact an Environmental Health Officer or visit [www.mpi.govt.nz/foodact](http://www.mpi.govt.nz/foodact) and use the "where do I fit?" tool).

**If there are any changes to the details provided in this application after it has been sent, tells us in writing immediately.**

## Who is the operator?

(Hint: This section is for the owner or person in control of the food business. If you are applying for an NP registration, there can only be one business and operator. If you are applying for registration under the template food control plan, there can be different businesses under the same registration. In that case, this operator is the person responsible for the food control plan and the Appendix is for the other businesses and addresses.)

<b>Legal Name(s)</b> of Operator (e.g. registered company, partnership or individual):		<input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies office (www.companies.govt.nz)	
<b>Trading Name</b> if any (i.e. 'Trading As'):		<input type="checkbox"/> Same as legal name above	
<b>Operator Address and Contact Details</b> You must provide this information to be registered. However, if the address is a dwelling house, you may ask that the address is withheld from the public register by ticking the box below.			
<b>Physical Address</b>		<b>Postal Address</b> (if different to physical Address)	
Address:		Address:	
Town/City:		Town/City:	
Postcode:		Postcode:	
Country:		Country:	
<input type="checkbox"/> This address is a private dwelling house and I wish it to be withheld from the public register.		<input type="checkbox"/> This address is a private dwelling house and I wish it to be withheld from the public register.	
<b>Contact Person Details</b> The contact person details entered below will be used for communications about your registration, such as sending approval documents and renewal reminders. Contact the Council if the details change.			
Mobile:		Other telephone:	
Email:			
By entering an email address you consent to being sent information and notifications electronically, if required.			
Operator day-to-day manager name and position	Name:		
	Position:		

## Who will be doing your verification?

Name of verification agency	<input type="checkbox"/> I have attached a confirming letter from my verification agency (if not MDC).
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## Applicant Statement

**I confirm that:**

- I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and
- The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and
- Neither I nor any directors, partners, or managers of the business concerned have been convicted, whether in New Zealand or overseas, of any offence relating to fraud or dishonesty, or relating to management, control, or business activities in respect of businesses of a kind (whether in New Zealand or elsewhere) that are regulated under the Food Act 2014.

**I also confirm that:**

- I am authorised to make this application on behalf of the operators listed in section 3; and
- Every operator of the food businesses covered by the Food Control Plan is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007; and
- Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014.

Name		Job Title	
Signature		Date	

*The information you have provided on this form is required for the purpose of registering under the Food Act 2014. If all the information is not provided, the application may not be processed. The information will be stored on a public register and held by Council and the Ministry for Primary Industries. Some details may be made available to the public. If you would like to make corrections to your details, please contact Council.*

**Details for other addresses***(Hint: Add additional pages as necessary to the application with all of the information required below).*

Legal name(s) of site operator (e.g. registered company, partnership or individual) (This is for template food control plan registrations only. Tick box to confirm company registration certificate is attached for any limited liability companies)	NZ Business Number (where applicable)	Site trading name, if any (i.e. 'Trading As'):	Street/Physical Address (location of actual place) (Tick box if you wish the address to be withheld from the public register because it is a private dwellinghouse)	Vehicle Registration numbers (mobile businesses only)	Site day-to- day manager position
E.g. ABC Foods Limited <input checked="" type="checkbox"/>		E.g. Yummy CakesRUs, Wellington Store	E.g. 123 Cakes Road, Faketown 1234 <input checked="" type="checkbox"/>		E.g. Store Manager
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		