

Region
B

City of Johannesburg
Health

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APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY OF FOOD PREMISES

A. PERSON IN CHARGE

Details of the person in whose name the certificate of acceptability must be issued.

Surname:	
First names:	
ID / Passport number	
	Copy of RSA identification document attached.
	Copy of valid passport attached, if applicable.
	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	
Tel no: Residential	
Cell no	
E-mail	

B. PARTICULARS FOR FOOD PREMISES / OWNER OF VEHICLE

Name of Food Premises / Business / Trading Name (if any)			
Physical Address (<i>Food Premises</i>)	Building Name (<i>if applicable</i>)		
	Shop Number (<i>if applicable</i>)		
	Floor Level (<i>if applicable</i>)		
	Street Name and Number		
	Suburb		
	Erf Number (<i>if applicable</i>)		
Postal Address (<i>Food Premises</i>)			
Physical Address (<i>In the case of a business solely in the business of transporting perishable food on behalf of someone else</i>)			
Postal Address (<i>In the case of a business solely in the business of transporting perishable food on behalf of someone else</i>)			
Vehicle(s) to be used for the transporting of Perishable / Prepacked Foodstuffs (Regulation 3 (1) (a) and 14 (6) (a))	Registration Number		
	Registration Number		
Type of food premises (<i>e.g. building, vehicle, stall</i>) (Regulation 3 (1) (a)) Mark with ✳	<u>Building</u>	<u>Vehicle</u>	<u>Stall</u>
Webpage, if applicable			
GPS Co-ordinates, 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 (<i>latrine</i>) (<i>toilet</i>) facilities		
b) Cleaning facilities (<i>wash-basins for facilities</i>)		
c) Hand-washing facilities		
d) Storage facilities for food / facilities		
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		Total	
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G. PARTICULARS OF EXEMPTION BEING APPLIED FOR (Regulation 14 (1))

H. PLAN OF PREMISES

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

I. PARTICULARS OF APPLICANT (If not also the person in charge)

Name:	
Capacity (e.g. owner, managing director, manager)	
ID. / Passport Number	
	Copy of RSA identification document attached.
	Copy of valid passport attached, if applicable.
	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:	

J. DECLARATION

I declare that the above-mentioned 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))

I understand that the said certificate of acceptability will only be issued once the facility / premises comply with the relevant legislation.

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):

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PLEASE COMPLETE AND RETURN TO:

Attention:

Contact number:

E-mail address:@joburg.org.za

Address for Environmental Health – Region B

**Environmental Health Department
Cor Main Reef Road & Avon Road
Langlaagte, Johannesburg, 2093**

GPS Coordinates for Environmental Health – Region B

Latitude and Longitude (ddd.mm.ss)

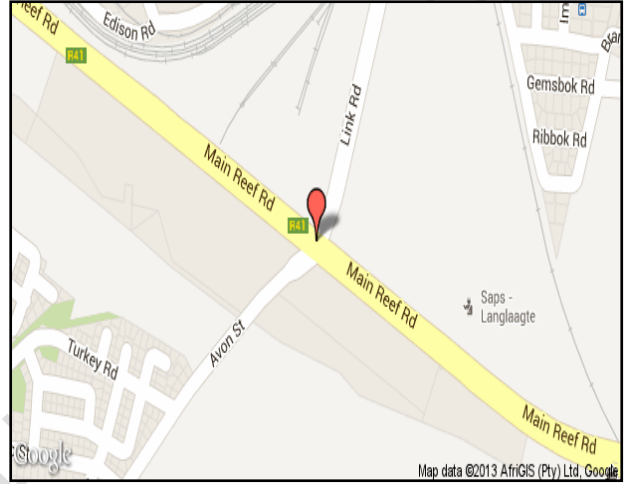
S 26° 12' 25.99"

E 27° 58' 53.22"

.....
.....
.....

Date:

Sir / Madam



APPLICATION FOR CERTIFICATE OF ACCEPTABILITY

You are obliged to apply 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 (Regulation No.638 of 22 June 2018) (GN No 41730) framed under the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972)

In terms of Regulation 3(1) of the said legislation which inter alia reads

“No person shall handle food or permit food to be handled -

3(1)(a) On food premises in respect of which a valid certificate of acceptability, has not been issued or is not in force; and this also applies to an outsourced vehicle used for the transport of perishable food on behalf of a person in charge of a food premises.

3(1)(b) In contravention of any restriction or condition or stipulation contained in such certificate of acceptability.”

You are therefore required to submit your application to this office **within (14) days** from the date of this letter. For your convenience an application form for the certificate of acceptability has been attached.

Please note that the application for or the granting of the certificate of acceptability do not in any way absolve you from any responsibility, which you may have with respect to the obtaining of a licence to trade, or the need to comply with any other legislation.

The said certificate of acceptability will only be issued once your facility / premises comply with the relevant legislation.

Your co-operation is appreciated.

Yours faithfully

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Environmental Health Practitioner