

## Application for registration under the Food Act 2014

[This application form is to be used for food businesses with more than one site, where all sites are in Hamilton]

### Before you start, let's check that you have everything you will need:

- The scope of operations document. Find this at [www.mpi.govt.nz/foodact](http://www.mpi.govt.nz/foodact)
- 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'. The law requires Councils to verify businesses registered under the template food control plan, unless the business chooses to operate the food control plan in more than one council district and/or predominantly wholesale their food.
- If any of the business covered in this application is a registered limited liability company, you will need a copy of the company registration certificate. See [www.companies.govt.nz](http://www.companies.govt.nz)
- Registration information for every address covered in this application. Attaching a spreadsheet to the application is preferred. Appendix 1 shows the information required for each address in addition to the main one.
- You need to make sure you can confirm that the operator of the food businesses 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.
- If you were registered with either the Ministry for Primary Industries (MPI) or with any council before 1 March 2016, make sure you have your previous registration IDs on hand, such as *FSA-JBIP-12345* or *WEBB-12345*.
- Details of payment of your application fee.

**IMPORTANT NOTE:** This application relates to a registration under the Food Act 2014. This does not remove the need for you to obtain any consents, licences or permits required by any other legislation that is applicable to your business (whether or not that legislation is under the administration of Council). It is your responsibility to make sure you have complied with all legislative requirements. Failure to do so may result in enforcement action by other agencies despite a registration having been issued under the Food Act.

### Notes if you are filling the form out electronically

- Throughout this form you will need to tick boxes that look like this: . If filling in the form electronically, double click the box and select the Default Value as "Checked". A checked box indicates a 'yes' answer.
- If there are any changes to the details provided in this application after it has been sent, tell us in writing immediately.

### What type of registration are you applying for?

- MPI template food control plan: Food Service and Specialist Retail
- NP 3       NP 2       NP 1

(Note: You will know which type of registration after you have completed the scope of operations document.)

If you had a registered food control plan before 1 March 2016, what was your registration ID number?

OFFICE USE ONLY			
Business Name:		Amount Paid:	
Approved Date:		Receipt Number:	
Health Officer:		Receipt Date:	
Template Version:		Registration Number:	

## Who is the operator?

(Note: 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) of Operator (e.g. registered company, partnership or individual):</b>	<input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies office ( <a href="http://www.companies.govt.nz">www.companies.govt.nz</a> )		
<b>NZ Business Number</b>	If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see <a href="https://www.business.govt.nz/companies">https://www.business.govt.nz/companies</a>		
<b>Trading Name, if any (i.e. 'Trading As'):</b>	<input type="checkbox"/> Tick if the 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 dwellinghouse, you may ask that the address is withheld from the public register by ticking the box below.			
<b>Postal Address</b>		<b>Physical / Courier Address (if different to Postal Address)</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Town/City:</b>	<i>Postcode:</i>	<b>Town/City:</b>	<i>Postcode:</i>
<b>Country:</b>		<b>Country:</b>	
<input type="checkbox"/> This address is a private dwellinghouse and I wish it to be withheld from the public register.		<input type="checkbox"/> This address is a private dwellinghouse 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. You will need to contact Council if these details change.			
<b>Mobile</b>		<b>Other telephone</b>	
<b>Email</b>	By entering an email address you consent to being sent information and notifications electronically, if required.		
<b>Operator day-to-day manager name and position</b>	<b>Name:</b>		
	<b>Position:</b>		

## Who will be doing your verification?

<b>Hamilton City Council</b>	<input type="checkbox"/>
<b>Other – insert name of verification agency</b>	<input type="checkbox"/> I have attached a confirming letter from my verification agency.

## Have you attached the scope of operations document for your business?

Scope of Operations attached.

## Applicant Statement

### I confirm that:

- 1) I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and
- 2) The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and

### I also confirm that:

- 3) I am authorised to make this application on behalf of the operators listed in section 3; and
- 4) 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
- 5) Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014.

<b>Name</b>		<b>Job Title</b>	
<b>Signature</b>		<b>Date</b>	

## Payment and Contact details

### CONTACT DETAILS:-

Hamilton City Council, Municipal Building, Garden Pl, Private Bag 3010, Hamilton

Phone for registration enquiries:- 07 958 5855

Email: [kathryn.gilchrist@hcc.govt.nz](mailto:kathryn.gilchrist@hcc.govt.nz) or [environmental.health@hcc.govt.nz](mailto:environmental.health@hcc.govt.nz)

### PAYMENT DETAILS:-

ON PAYMENT THIS BECOMES A TAX INVOICE GST No: 11-174-531

### FEE:-

Registration fees:

New FCP	\$560.00	Includes GST of: \$73.04	G/L Code: 7249
New NP	\$138.00	Includes GST of: \$18.00	G/L Code: 7249
Pre 01/03/16 FCP to FCP	\$185.00	Includes GST of: \$24.13	G/L Code: 7249
Significant Amendment FCP	\$185.00	Includes GST of: \$24.13	G/L Code: 7249

### PAYMENT OPTIONS:-

Payment must be made using one of the following methods. (Please tick and fill in the appropriate section.)

CASH PAYMENT:

1. Pay at the reception counter at:  
Hamilton City Council  
Municipal Building  
Garden Pl  
Hamilton
2. Present this application form with your payment

DIRECT CREDIT:

1. Pay into Bank Account no:- 02-0316-0030142-06
2. In the 'Reference' details: 'Food Act {your trading name}'; in the 'Code' details: 'GL7249'
3. Enter the date of deposit and your name (payee) on this form below:

Date of Deposit:

Your Name (Payee):

- CHEQUE:
1. Make the cheque payable to Hamilton City Council.
  2. Attach the cheque to this application.

- CREDIT CARD:
1. Pay at the reception counter at:  
Hamilton City Council  
Municipal Building  
Garden Pl  
Hamilton
  2. Present this application form with your payment

### Final check before lodging your application

Have you:

- filled this form in completely and legibly?
- attached completed the scope of operations document?
- 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?
- read and signed the Applicant Statement?
- included fee payment for this application?

### Collection of Information

#### Collection of Personal Information

Pursuant to Principle 3 of the Privacy Act 1993, we advise that:

- This information is being collected for the purpose of registering under the Food Act 2014; and
- The recipient of this information, which is the agency that will collect and hold the information, is MPI, PO Box 2526, Wellington 6140; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 53 or section 83 of the Food Act 2014, which ever applies. The provision of this information is necessary in order to process an application for registration under either section 53 or section 83; and
- The supply of this information is voluntary; and
- Failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to register, in accordance with section 54 and 57 or section 84 and 87, of the Food Act 2014, which ever applies; and
- Under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information that you have provided.

#### Collection of Official Information

- All information provided to the Ministry for Primary Industries is official information and may be subject to a request made under the Official Information Act 1982.
- If a request is made under that Act for information you have provided in this application, the Ministry for Primary Industries must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation.

<b>Details for other addresses</b>					
<i>(Note: Add additional rows as necessary or attach a file (e.g. spreadsheet) to application email with all of the information required below.)</i>					
<b>Legal name(s) of site operator (e.g. registered company, partnership or individual)</b> <i>(This is for template food control plan registrations only. Tick box to confirm company registration certificate is attached for any limited liability companies)</i>	<b>NZ Business Number</b> <i>(where applicable)</i>	<b>Site trading name, if any (i.e. 'Trading As'):</b>	<b>Street/Physical Address (location of actual place)</b> <i>(Tick box if you wish the address to be withheld from the public register because it is a private dwellinghouse)</i>	<b>Vehicle Registration numbers (mobile businesses only)</b>	<b>Site day-to-day manager position</b>
E.g. ABC Foods Limited <input checked="" type="checkbox"/>		E.g. Yummy CakesRUs, Hamilton Store	E.g. 123 Cakes Road, Hamilton 3240 <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"/>		
<input type="checkbox"/>			<input type="checkbox"/>		