



SOUTH WAIRARAPA
DISTRICT COUNCIL
Kia Reretahi Tātau

South Wairarapa District Council

Tel: (06) 3069611 • PO Box 6, Martinborough • www.swdc.govt.nz • health@swdc.govt.nz

Application for registration under Food Act 2014

Before you start, let's check that you have everything you will need. It is recommended you check with Councils planning and Building Departments before you begin

- Mobile Food premises will need to have a WOF, gas certification, electrical check etc.** Note: This is covered by legislation other than the Food Act 2014.
- Check "Where do I fit" on the MPI website: <https://www.mpi.govt.nz/food-safety/food-act-2014/where-do-i-fit/>. Most medium or low risk businesses will require a National Programme (NP). Most food preparation businesses will require a Food Control Plan. **If you manufacture (make for wholesale) very high risk foods you will need a Custom Food Control Plan which must be registered with MPI:** <https://www.mpi.govt.nz/food-safety/food-act-2014/food-control-plans/steps-to-a-custom-food-control-plan/>
- Complete the application form**
- Attach completed scope of operations document.** Available from South Wairarapa District Council or www.mpi.govt.nz
- Attach a letter from your verifier if your verifier is not Council (National Programmes only).** If you are applying for a National Programme (NP) registration, you can choose your verifier. You will need a confirmation letter from your verifier to attach to this application. A list of recognised verification agencies can be found on the MPI website www.mpi.govt.nz under 'registers and lists'. The law requires Councils to verify businesses registered under the Template Food Control Plan. **South Wairarapa District Council are unable to verify National Programmes.**
- Attach a copy of your company registration certificate if you are a company, or photo ID if you are applying as a non-registered enterprise or individual.** If your business is a registered limited liability company, please obtain a copy of the company registration certificate from www.companies.govt.nz.
- Registration fee must be paid when this application is submitted (\$100).** Renewal applications must be applied for before your registration expires. We are unable to renew an expired registration and a new registration must be applied for.
- If there are any changes to the details provided in this application after it has been sent, please notify us in writing immediately.
- It is the applicant's responsibility to arrange a verification with their verifier before their registration expires. The fee for verifications with Council (Template Food Control Plans only) is \$265.00 which must be paid before verification can be closed-out. National Programme verifications and Custom Food Control Plans must be the fees of their external verifier.

Collection of Information

Collection of Personal Information

- Some of the information collected will be displayed on a public register; 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 South Wairarapa District Council is official information and may be subject to a request made under the Official Information Act 1982.

If you have any questions please contact the Environmental Services team

South Wairarapa District Council
19 Kitchener Street
PO Box 6
Martinborough 5741

phone (06) 306 9611
email: health@swdc.govt.nz



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1. What type of Risk Based Measure are you applying to register?

- Template Food Control Plan
- National Programme 3 National Programme 2 National Programme 1
- Specific Industry exemption (section 33) applies E.g. Olives New Zealand.

2. Is this a new or existing business, or a renewal?

- New business - Proposed opening date: _____
- Renewal - SWR Number (on Registration Certificate): _____
- Existing business: Significant Change/Amendment

3. Who is the operator of the food business?

Legal Name(s) 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) or Photo ID for non-registered enterprise/individual.		
Trading Name, if any (i.e. 'Trading As'): <input type="checkbox"/>	<input type="checkbox"/> Same as legal name above		
Operator Address and Contact Details			
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.			
Postal Address		Physical / Courier Address (if different to Postal Address)	
Address:		Address:	
Town/City:		Town/City:	
Postcode:		Postcode:	
Country:		Country:	
<input type="checkbox"/> This address is a private dwelling 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.	

Contact Person Details (Business)			
The contact person details entered below will be used for communications about your registration, such as sending approval documents and renewal reminders. Contact Council if the details change.			
Day-to-day manager for the Business			
Mobile		Other telephone no.	
Email	By entering an email address you consent to being sent information and notifications electronically, if required.		
Contact Person Details (Food Control Plan)			
The contact person details entered below will be used for communications about your Food Control Plan e.g. verification reports, close-outs, forms. Contact Council if the details change.			
Day-to-day manager for the Food Control Plan			
Mobile		Other telephone no.	
Email	By entering an email address you consent to being sent information and notifications electronically, if required.		

4. Who will be doing your verification?

Council (Template Food Control Plan)	<input type="checkbox"/>
External Verifier (National Programme/Mobile/Caterers)	<input type="checkbox"/> I have attached a confirming letter from my External Verification agency.

5. Environmental/Hygiene Control Details

Water Supply: Back flow preventer installed? Y/N		Number of staff:		Max. occupancy:	
Grease Trap? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Grease Trap:		Capacity:	
				Is the Grease Trap shared? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Toilet Numbers	Urinal Stalls:	Male:	Female:	Wash hand basins:	
	Unisex:	Staff Only:	Accessible:		

6. Applicant Statement

I confirm that:			
1) The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and			
2) The operator of the food business is able to comply with the requirements of the Food Act 2014.			
Name		Job Title	
Signature		Date	