



Zululand

District Municipality

Private Bag X76

Ulundi

3838

☎: 035 874 5500

☎: 035 874 5591

: 035 874 5589

ANNEXURE A

[REGULATION 3 (3)]

APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

A. PERSON IN CHARGE

Surname and first names of the person in whose name the certificate of acceptability must be issued (full names)

I.D. NO.: _____

Postal Address: _____

Residential Address: _____

Tel No. (Business) _____ Residential _____

Cell No.: _____

Capacity (e.g., owner, managing director, secretary, manager)

Date of application: _____

Signature _____

“Service Delivery through Integrity”

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B. PARTICULARS OF FOOD PREMISES

Name of food premises or trade name (if any) _____

Erf No. (if applicable) _____

Type of food premises (e.g., building, vehicle, stall)

Location address or address where the food premises can be inspected

If the following are not situated on the food premises, note or state the address or describe the location thereof (how to reach the premises)

(a) Sanitary (latrine) facilities	Erf No.	Address
(b) Cleaning facilities (washbasin) for facilities		
(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. NATURE OF HANDLING

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

E. STAFF

Number of persons employed or to be employed:

Men	Women
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