

Change of details or significant amendments to your food business

Food Act 2014

1. Current registration details

1a. Provide the current registration number below

1b. Current legal name/trading name:

1c. Current owner's name (of the food business):

1d. Current postal address

2. Reason for amendment

- 2a.** Change of scope of operations. *(May require an administration and/or verification fee).*
Complete sections 6 and 14
- 2b.** Addition of a multiple site. *(Requires an administration and verification fee).*
Complete sections 12 and 14
- 2c.** Change of trading name. *(Requires an administration fee).*
Complete sections 8 and 14
- 2d.** Voluntary suspension.
Complete sections 4 and 14
- 2e.** Surrender.
Complete sections 3 and 14
- 2f.** Change of verification agency.
Complete sections 5 and 14
- 2g.** Other changes e.g. day-to-day manager, email. *(May require an administration fee).*
Complete sections 11 and 14
- 2h.** Change of postal address.
Complete sections 7 and 14
- 2i.** Change of owner. *(Requires an administration fee).*
Complete section 9 and 14
- 2j.** Change of physical address (National Programme only). *(Requires an administration fee).*
Complete sections 10 and 14

3. Surrender of registration of a food business

Surrender of registration of a food business under a National Programme or a Food Control Plan

- 3a** I wish to surrender the registration referred to at 1 (see above).

3b State the date of surrender

Please complete section 14.

Please ensure you also send a note to your nominated verification agency notifying them of the surrender.

Change of details or significant amendments to your food business

Food Act 2014

4. Voluntary suspension

- 4a.** Businesses registered under a National Programme or a Food Control Plan may voluntarily suspend registration for a minimum of three months and a maximum of 12 months.

Commencement date

End date

- 4a** Indicate below the scope of the suspension:

- All operations or...
- Certain operations as described below (or listed in attached additional pages):

Please complete section 14.

5. Change of verification agency

- 5a** Name of new verification agency

- 5b** I have attached a copy of the letter confirming my nominated verification agency will provide verification service for my registration.

Please complete section 14

6. Change to scope of operations

- 6a** I have attached a completed scope of operations form providing a description of how my business of operations has changed (clearly mark additions and/or deletions).

Note that if the change in your scope of operations results in a change to your current registration type from a National Programme or a Food Control Plan or vice versa, you will need to complete a new application form for registration of a food business. If your application to register a new National Programme or a Food Control Plan is successful you will then need to surrender your current registration.

Please complete section 14.

7. Change to postal address

- 7a** Name of new verification agency

Please complete section 14.

8. Change of trading name

- 8a** Existing trading name

- 8b** New trading name

Please complete section 14.

9. Change of owner

- 9a** Legal name

- 8b** Trading name

Registered limited company

Registered New Zealand business

NZBN number

Please complete section 14

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Food Act 2014

10. Change of physical address

(National programme only)

10a New physical address

Withhold address from public register

Please complete section 14

11. Other changes

11a Provide details of any other changes, e.g. change of day-to-day manager/contact person/email

Please complete section 14

12. Multiple site details

Do you wish to register more than one site that is situated in the Far North District?

Yes **No**

If yes, please provide the details of these addresses below

Details for other addresses:

Site 2

Trading name	<input type="text"/>
Legal name(s) of operator	<input type="text"/>
Physical premise address	<input type="text"/>
<input type="checkbox"/> Withhold address from public register	Physical premise
Address operator day to day (fullname)	<input type="text"/>
Position held	<input type="text"/>

Site 3

Trading name	<input type="text"/>
Legal name(s) of operator	<input type="text"/>
Physical premise address	<input type="text"/>
<input type="checkbox"/> Withhold address from public register	Physical premise
Address operator day to day (fullname)	<input type="text"/>
Position held	<input type="text"/>

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Food Act 2014

12. Multiple site details (continued)

Site 4

Trading name

Legal name(s) of operator

Physical premise address

Withhold address from public register Physical premise

Address operator day to day (fullname)

Position held

13. Collection of information

Collection of personal information:

Pursuant to Principle 3 of the Privacy Act 2020, Far North District Council advises that:

1. This information is being collected for the purpose of registering under the Food Act 2014;
2. The agencies that will collect and hold the information are MPI, PO Box 2526, Wellington 6140 and Far North District Council, Private Bag 752, Memorial Ave, Kaikohe 0440.
3. Some of the information collected will be displayed on a public register; and
4. The collection of information is authorized under section 53 or section 83 of the Food Act 2014, whichever applies. The provision of this information is necessary in order to process an application for registration under either section 53 or section 83; and
5. The supply of this information is voluntary; however
6. Failure to provide the requested information is likely to result in the 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, whichever applies;
7. Under Principles 6 and 7 of the Privacy Act 2020, you have the right of access to, and correction of, any personal information that you have provided.

Collection of official information

8. All information provided to MPI and Far North District Council is official information and may be subject to a request made under the Official Information Act 1982.
9. If a request is made under that Act for information you have provided in this application, MPI and Far North District Council must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation.

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Food Act 2014



14. Applicant's declaration

I confirm that:

1. I am authorized to make this application as the operator or as 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
3. 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 any kind (whether in New Zealand or elsewhere) that are regulated under the Food Act 2014; and
4. I also confirm that I am 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 able to comply with the requirements of the Food Act 2014.
5. I understand that the Council will send all invoices to me (the owner/applicant) and I will be responsible for, and indemnify the Council in respect of, the payment of all fees in connection with this application.
6. I further understand that all correspondence related to the application will be sent to me.

First names	<input type="text"/>		
Surname	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

15. Payment

An fee of \$155.00 and/or a verification fee may be required on submission of this application.

Please consult with an Environmental Health Officer before making payment.

Payment can be made by:

Cash or Eftpos: Over the counter at any Far North District Council Office or Service Centre

Internet Banking:

Bank account name:	Far North District Council
Account number:	12-3244-0022509-00
Particulars Field:	Quote your Business or trading name
Code field:	Food business
Reference:	Application type e.g. FCP, NP1, NP2 or NP3

Office use only

Date received	<input type="text"/>	Received by	<input type="text"/>
Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by	<input type="text"/>
Date approved	<input type="text"/>	Approval Signature	<input type="text"/>
Fee	\$ <input type="text"/> <input type="checkbox"/> N/A	Inspection time	<input type="text"/>
Category	<input type="text"/>	PBV step	<input type="text"/>