# **Application for registration of food business - Food Act 2014**

**1. Details of owner** (or head office for multi-site application)

Absolutely Positively **Wellington** City Council

Me Heke Ki Pōneke

# (multi-site application)

(This form has capacity for up to five sites to be registered. If you are registering more please copy additional pages as needed)
Need help to fill out this form? Please refer to our Information Sheet for Registration of Food Business.
If you still have questions there are contact details at the end of this form.

| Full legal name of owner or company (this name will appear on the registration certificate):                |   |  |
|---|---|--|
| Postal address for all correspondence:  |   |  |
|   |   |  |
|   | Post code:                                      |  |
| Tick here if the postal address is a personal dwelling and you  | do not want it to appear on the public register |  |
| Contact person:   | Position held:                                  |  |
| Business phone:   | Mobile phone:                                   |  |
| Email:  |   |  |
| Type of business  |   |  |
| Sole trader or individual   |   |  |
| Partnership   |   |  |
| Limited liability company   |   |  |
| NZ Business no:   |   |  |
| Other - please describe:  |   |  |
| ·   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| 2. Franchise information only   |   |  |
| Managed by head office  |   |  |
| Independently managed   |   |  |
| 3. What are you applying for  |   |  |
|   |   |  |
| New registration with Wellington City Council, or   |   |  |
| Significant change to more than one site for a current Food Control Plan or National Programme registration |   |  |
| WCC registration or SR number (for significant change only):  |   |  |
| Tick one:   |   |  |
| Change of physical location   |   |  |
| Adding additional sites (more than one) to a multi-site registration  |   |  |
| Change to your scope of business. Please describe what has changed:   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |

J010404

# 4. What plan do you intend to use or are you using

Template Food Control Plan (multi Site)

National Programme 1 (multi Site)

National Programme 2 (multi Site)

National Programme 3 (multi Site)

Have you downloaded the guidance material? If not, here is a link to get what you need:

https://www.mpi.govt.nz/food-safety/food-act-2014/my-food-rules/

# 5. What type of food do you make

Please provide a short description of the type of food you make:

| 6. Trading operations      |  |                           |                            |
|----------------------------|--|---------------------------|----------------------------|
| Tick any of the sectors be | low that describe your operation         | _                         |                            |
| Food Retail                | Manufacture, bake or                     | Transport, distribute or  | Provide food to pre-school |
| Food Service               | process food for wholesale               | warehouse food            | children                   |
|                            | Grow food                                | Extract and pack honey    | Exempt                     |
| Tick any of the operations | s below that describe how you distribute | your products or services |                            |
| Export                     | Mobile eg food truck                     | Eat in premises           | Transport provider         |
| Import                     | Internet sales                           | Takeaway                  | Storage provider           |
| Retail                     | Market eg food stall                     | Caterer                   |                            |
| Wholesale                  | On licence                               | Home delivery             |                            |

# 7. Who will do your verifications?

# **Food Control Plan:**

Wellington City Council

I agree to pay fees, as approved by Wellington City Council, incurred for verification services. I agree to the terms of engagement for verifications set out in schedule 1

# National Programme 1, 2 or 3

Wellington City Council

I agree to pay fees, as approved by Wellington City Council, incurred for verification services. I agree to the terms of engagement for verifications set out in schedule 1

| Other verifier:   |  |  |  |
|-------------------|--|--|--|
| i ii nar varinar. |  |  |  |
|                   |  |  |  |

I have attached a letter from my verification agency confirming I have engaged them to carry out verifications.

| Trading name of business:  |                        |                |                               |
|--|------------------------|----------------|-------------------------------|
| Trading address of business OR mobile:   |                        |                |                               |
|  |                        |                |                               |
|  |                        |                | Post code:                    |
| Tick here if the trading address is a personal   | dwelling and you do    | not want it to | o appear on a public register |
| Name of day-to-day manager:  |                        |                | Position held:                |
| Business phone:  | M                      | obile phone:   |                               |
| Email:   |                        |                |                               |
| Opening date (new business)/Takeover date (ex  | sting business):       |                |                               |
| Full legal name of owner or company: (name to  | appear on registratio  | n certificate) |                               |
|  |                        |                |                               |
| NZ Business number (NZBN) (if a company):  |                        |                |                               |
| Postal address (if different to main contact):   |                        |                |                               |
| Tick here if the postal address is a personal of   | dwelling and you do    | not want it to | appear on the public register |
| Contact person:  |                        |                | Position held:                |
| Business phone:  | M                      | obile phone:   |                               |
| Email:   | -                      |                |                               |
| Food stell or mobile trader only   |                        |                |                               |
| Food stall or mobile trader only   | li l                   | V-1-1-1-       |                               |
| Please indicate if you are operating from a stall  |                        | Vehicle        |                               |
| Type of vehicle to be associated with business (   |                        | -              |                               |
| Vehicle registration:   Make and Model:  |                        |                |                               |
| Where do you intend to trade?  |                        |                |                               |
| Grease trap  |                        |                |                               |
| Is there a grease trap at the premises?  | Y                      | es N           | No                            |
| If yes - is it shared with another premises or ope   | erator? Y              | es l           | No                            |
| Type of grease trap, if known Big Dip  | per Passive            | Gre            | ase Converter                 |
| Capacity (in litres if known)  |                        |                |                               |
| This information is collected for the purpose of Consolidated Bylaw 2008 Part 3 Trade Waste C invoiced in conjunction with the registration of | onsents and the Trad   |                |                               |
| Visit wellington.govt.nz for more information a  | oout grease traps, tra | ade waste app  | rovals and related fees.      |

| Trading name of business:  |                     |                               |  |  |
|--|---------------------|-------------------------------|--|--|
| Trading address of business OR mobile:   |                     |                               |  |  |
|  |                     |                               |  |  |
|  |                     | Post code:                    |  |  |
| Tick here if the trading address is a personal dwelling and yo   | u do not want it to | appear on a public register   |  |  |
| Name of day-to-day manager:  |                     | Position held:                |  |  |
| Business phone:  | Mobile phone:       |                               |  |  |
| Email:   |                     |                               |  |  |
| Opening date (new business)/Takeover date (existing business):   |                     |                               |  |  |
| Full legal name of owner or company: (name to appear on registr  | ration certificate) |                               |  |  |
| NZ Business number (NZBN) (if a company):  |                     |                               |  |  |
| Postal address (if different to main contact):   |                     |                               |  |  |
| Tick here if the postal address is a personal dwelling and you   | do not want it to a | appear on the public register |  |  |
| Contact person:  |                     |                               |  |  |
| Business phone:  | Mobile phone:       |                               |  |  |
| Email:   |                     |                               |  |  |
| Food stall or mobile trader only   |                     |                               |  |  |
| ·  | tall Vehicle        |                               |  |  |
|  |                     |                               |  |  |
| Type of vehicle to be associated with business (e.g. van, truck, tr  |                     |                               |  |  |
| Vehicle registration:  Make and Model:   |                     |                               |  |  |
| Where do you intend to trade?  |                     |                               |  |  |
| Grease trap  |                     |                               |  |  |
| Is there a grease trap at the premises?  | Yes N               | lo                            |  |  |
| If yes – is it shared with another premises or operator?   | Yes N               | lo                            |  |  |
| Type of grease trap, if known Big Dipper Pas   | sive Grea           | ase Converter                 |  |  |
| Capacity (in litres if known)  |                     |                               |  |  |
| This information is collected for the purpose of billing for the dis<br>Consolidated Bylaw 2008 Part 3 Trade Waste Consents and the<br>invoiced in conjunction with the registration of your food premis | Trade Waste Policy  |                               |  |  |
| Visit wellington.govt.nz for more information about grease traps   | s, trade waste appi | rovals and related fees.      |  |  |

| Site # 3                                  |                         |             |                |          |   |
|---|-------------------------|-------------|----------------|----------|---|
| Trading name of business:                 |                         |             |                |          |   |
| Trading address of business OR mobile     |                         |             |                |          |   |
|   |                         |             |                |          |   |
|   |                         |             |                |          | Post code:  |
| Tick here if the trading address is a     | personal dwelling an    | d you       | do not wan     | it it to | o appear on a public register   |
| Name of day-to-day manager:               |                         |             |                |          | Position held:  |
| Business phone:                           |                         |             | Mobile pho     | one:     |   |
| Email:                                    |                         |             |                |          |   |
| Opening date (new business)/Takeover      | date (existing busines  | ss):        |                |          |   |
| Full legal name of owner or company: (    | name to appear on re    | egistra     | ition certific | ate)     |   |
|   |                         |             |                |          |   |
| NZ Business number (NZBN) (if a comp      | any):                   |             |                |          |   |
| Postal address (if different to main cont | act):                   |             |                |          |   |
| Tick here if the postal address is a p    | ersonal dwelling and    | l you d     | do not want    | it to    | appear on the public register   |
| Contact person:                           |                         |             |                |          | Position held:  |
| Business phone:                           |                         |             | Mobile pho     | one:     |   |
| Email:                                    |                         |             |                |          |   |
| Food stall or mobile trader only          |                         |             |                |          |   |
| Please indicate if you are operating from | m a stall or vehicle:   | Sta         | all Vehi       | icle     |   |
| Type of vehicle to be associated with b   | usiness (e.g. van, truc | <br>ck, tra | iler, cart):   |          |   |
| Vehicle registration:                     |                         |             | Make and I     | Mode     | <br>રો:   |
| Where do you intend to trade?             |                         |             |                |          |   |
|   |                         |             |                |          |   |
| Grease trap                               |                         |             |                |          |   |
| Is there a grease trap at the premises?   |                         |             | Yes            |          | No  |
| If yes - is it shared with another premis | es or operator?         |             | Yes            |          | No  |
| Type of grease trap, if known             | Big Dipper              | Pass        | ive            | Gre      | ease Converter  |
| Capacity (in litres if known)             |                         |             |                |          |   |
|   | Waste Consents and      | the Ti      | rade Waste I   |          | vaste under the Wellington City Council<br>y 2016. Billing will be annual and will be |
| Visit wellington.govt.nz for more infor   | mation about grease     | traps,      | , trade waste  | e app    | provals and related fees.   |

| Trading name of business:   |                     |                               |  |
|---|---------------------|-------------------------------|--|
| Trading address of business OR mobile:  |                     |                               |  |
|   |                     |                               |  |
|   |                     | Post code:                    |  |
| Tick here if the trading address is a personal dwelling and yo  | u do not want it t  | o appear on a public register |  |
| Name of day-to-day manager:   |                     | Position held:                |  |
| Business phone:   | Mobile phone:       |                               |  |
| Email:  |                     |                               |  |
| Opening date (new business)/Takeover date (existing business):  |                     |                               |  |
| Full legal name of owner or company: (name to appear on regist  | ration certificate) |                               |  |
|   |                     |                               |  |
| NZ Business number (NZBN) (if a company):   |                     |                               |  |
| Postal address (if different to main contact):  |                     |                               |  |
| Tick here if the postal address is a personal dwelling and you  | do not want it to   | appear on the public register |  |
| Contact person:   |                     | Position held:                |  |
| Business phone:   | Mobile phone:       |                               |  |
| Email:  |                     |                               |  |
| Food stall or mobile trader only  |                     |                               |  |
|   | tall Vehicle        |                               |  |
|   |                     |                               |  |
| Type of vehicle to be associated with business (e.g. van, truck, trailer, cart):  Vehicle registration:  Make and Model:  |                     |                               |  |
| Vehicle registration:  Make and Model:  Where do you intend to trade?   |                     |                               |  |
| where do you intend to trade:   |                     |                               |  |
| Grease trap   |                     |                               |  |
| Is there a grease trap at the premises?   | Yes                 | No                            |  |
| If yes - is it shared with another premises or operator?  | Yes                 | No                            |  |
| Type of grease trap, if known Big Dipper Pas  | ssive Gre           | ease Converter                |  |
| Capacity (in litres if known)   |                     |                               |  |
| This information is collected for the purpose of billing for the di<br>Consolidated Bylaw 2008 Part 3 Trade Waste Consents and the<br>invoiced in conjunction with the registration of your food premis | Trade Waste Polic   |                               |  |
| Visit wellington.govt.nz for more information about grease trap   | s, trade waste app  | provals and related fees.     |  |

| Trading name of business:   |  |  |  |
|---|--|--|--|
| Trading address of business OR mobile:  |  |  |  |
|   |  |  |  |
|   | Post code:   |  |  |
| Tick here if the trading address is a personal dwelling and you   | do not want it to appear on a public register                  |  |  |
| Name of day-to-day manager:   | Position held:   |  |  |
| Business phone:   | Mobile phone:  |  |  |
| Email:  |  |  |  |
| Opening date (new business)/Takeover date (existing business):  |  |  |  |
| Full legal name of owner or company: (name to appear on registro  | ntion certificate)   |  |  |
|   |  |  |  |
| NZ Business number (NZBN) (if a company):   |  |  |  |
| Postal address (if different to main contact):  |  |  |  |
| Tick here if the postal address is a personal dwelling and you  | do not want it to appear on the public register                |  |  |
| Contact person:   | Position held:   |  |  |
| Business phone:   | Mobile phone:  |  |  |
| Email:  |  |  |  |
| Food stall or mobile trader only  |  |  |  |
| Please indicate if you are operating from a stall or vehicle: Sta   | all Vehicle  |  |  |
| Type of vehicle to be associated with business (e.g. van, truck, tra  | iler, cart):   |  |  |
| Vehicle registration:   | Make and Model:  |  |  |
| Where do you intend to trade?   |  |  |  |
| ,   |  |  |  |
| Grease trap   |  |  |  |
| Is there a grease trap at the premises?   | Yes No   |  |  |
| If yes - is it shared with another premises or operator?  | Yes No   |  |  |
| Type of grease trap, if known Big Dipper Pass   | ive Grease Converter   |  |  |
| Capacity (in litres if known)   |  |  |  |
| This information is collected for the purpose of billing for the disconsolidated Bylaw 2008 Part 3 Trade Waste Consents and the T invoiced in conjunction with the registration of your food premise. | rade Waste Policy 2016. Billing will be annual and will be ss. |  |  |

## 8. Collection of information

### Collection of personal information

This information is being collected by Wellington City Council, PO Box 2199, Wellington 6140. We are collecting, and will hold, this information for the purpose of registering your business under the Food Act 2014. Some of the information collected will be displayed on a public register. We are authorised to collect this information by sections 53 and 83 of the Food Act 2014. Supplying this information is voluntary, but if you do not provide it then we may have to return your application form to you, and we may have to refuse to register your business under the Food Act 2014. You have the right to access and correct any personal information you have provided to us using the process in the Privacy Act 1993.

#### Collection of official information

The information you provide to Wellington City Council is official information and may be subject to a request made under the Local Government Official Information and Meetings Act 1987. If a request is made under that Act for information you have provided in this application, Wellington City Council must consider it, in line with our obligations under the Local Government Official Information and Meetings Act 1987 and any other legislation.

# 9 . Fees and charges

Verification fees and charges are published on our website wellington.govt.nz and are subject to periodic review in accordance with the Act. Fees are payable in advance and are only refundable in certain circumstances. You can also find information about the fees payable for a new business on the Information Sheet for Registration of Food Business.

# 10 . Acknowledgement

By completing and signing this application, I confirm that:

I am authorised to make this application as the person with legal authority for the specified business.

The information supplied in this application is truthful and accurate to the best of my knowledge.

The operator of every food business covered by this application is a New Zealand resident within the meaning of section YD 1 or YD 2 of the Income Tax Act.

The operator of the food business is able to comply with the requirements of the Food Act 2014.

If the application applies to more than one food business, I have control, authority and accountability for the matters covered by the plan.

| Signature of applicant: | Date: |
|-------------------------|-------|
|                         |       |

## 11. How to lodge your application or contact us for more information

Mail: Public Health, Wellington City Council, PO Box 2199, Wellington 6041

In person: Wellington City Council service desks at:

Te Awe Library, 29 Brandon Street, 8am-5pm, Monday to Friday

Johnsonville Library, 34 Moorefield Road, 10am-5pm, Monday to Friday

Phone: 04 499 4444

Email an application: foodapplications@wcc.govt.nz

Email enquiries about registrations and verifications: publichealthenquiries@wcc.govt.nz

# Schedule 1 - Terms of engagement for verifications

Wellington City Council ("Council") is a registration authority under the Food Act 2014 ("Act") for food control plans ("Plans") and food businesses subject to a national programme ("Programme").

The Ministry for Primary Industries ("Ministry") has appointed the Council a verifier under the Act to verify businesses subject to the Plans and the Programme.

Under the Act, any appropriately recognised agency or person can verify a business operating under the Programme.

The following terms and conditions apply to food businesses which have agreed with the Council to act as their verifier.

## Agreement to verify

 If your application for Wellington City Council to act as your verifier is accepted, both parties agree that the Council will verify the Plan or Programme on the terms set out below.

#### **Term and Termination**

- 2. The food business may terminate the agreement with the Council at any time by giving 1 month written notice.
- The Council may terminate the agreement and stop providing services immediately if the food business is in breach of these terms and conditions or if their registration is revoked, suspended, surrendered or substituted.

#### Conflicts of interest:

4. Any member of staff of the Council involved in the design of your food or procedures or who has a family or personal connection with you or your business cannot act as your verifier. We aim to undertake the agreed services in an independent and impartial manner at all times.

## **Nature and Purpose of Services**

- 5. Council will conduct its verification function under the Act and the Food Regulations 2015 ("Regulations").
- 6. Council will obtain all evidence which in its discretion allows it to consider and determine whether a food business complies with the Plan or Programme and the relevant provisions of the Act and Regulations. The nature and extent of Council's procedures may vary according to the type of business, risk assessment, and previous compliance history. Council will focus on what is most important for the food safety at each business.
- 7. At the end of the verification, Council will provide the food business with an outcome report for each verification topic. Possible outcomes are:
  - a. performing (fully meeting applicable requirements of the Act);
  - b. conforming (adequately meeting applicable requirements of the Act);
  - non-conforming (applicable requirements of the Act are not fully met by the deficiency(s) are not likely to affect the safety or suitability of food); and
  - d. non-complying (applicable requirements of the Act are not fully met and findings can be referenced to an offence provision in part 4 of the Act).
- 8. If any issues are discovered, Council will work with the food business on a plan to address those issues, including setting reasonable timeframes, and the timing of the next verification visit.
- Council will provide the Ministry with a report of the outcome of the verification visit.

#### Obligations of the food business

- 10. The food business agrees to provide Council with reasonable access to:
  - a. the food business;
  - b. information and documents relating to the food business;
  - c. documents that are required to be kept under the risk-based measure
  - d. food and to food-related accessories that are used, or ought to be used, in connection with the risk-based measure.

- 11. The food business warrants that all information and documents provided are complete, true and accurate and up-to-date and that:
  - a. all food preparation tasks are being properly carried out by appropriate staff who have been suitably trained and instructed:
  - b. any restrictions or conditions placed on the registration are being complied with; and
  - they will notify Council of any further information, including any post-verification events, which may have a bearing on the verification.

#### Collection of information

12. As noted under "Collection of Information" in the Application for Registration form, WCC is required to collect information which will be used in a public register. Disclosure of this information may be required by law.

## Complaints and disputes

- 13. If you dispute any recommendation put forward by your verifier, please contact within 15 working days after receipt of the verification report the Public Health Manager at Wellington City Council by email to publichealthenquiries@wcc.govt.nz or by mail to The Manager Public Health, Wellington City Council, PO Box 2199, Wellington 6140. All complaints are held as confidential, although the matter may be discussed with the verifier.
- 14. The registration authority has **20** working days from the date the request is received to reconsider the decision.
- 15. If you have a complaint about the quality of service you have received or about your verification officer please contact the Public Health management team by email to: phmanagement@ wcc.qovt.nz

### **Our Charges**

- 16. Verification fees are prescribed within Council's fees and charges structure as published on our website wellington.govt.nz under Food Safety – Fees. The fees are subject to annual review and any changes publicly notified through the Annual Plan process. Fees are payable in advance and are only refundable in certain circumstances.
- 17. Council will send invoices and other notices to the last address you have given us. Council can assume any invoice or notice we send by post has been delivered 5 days after we e-mail or post it. Please tell us if you change your address.

#### Disclaimer

- 18. A verification under the Act does not constitute a permit, authorisation, or other permissions under any other act, regulation or bylaw. The verification report provided is based on the inspection of the accessible aspects of the food business and represents the Council officer's opinion of the observable condition of the building, facilities, equipment and documents on the day and time of the inspection.
- 19. The verification report is prepared for the food business and the Ministry only. The food business agrees to not disclose the verification report to any third party. The food business agrees to indemnify, defend and hold the Council harmless from any third party claims arising out of the food business distribution of the inspection report to any third party.
- 20. The Council's liability for mistakes or omissions in the verification report is limited to a refund of the fee paid for the verification.