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.....

Date : .....

Sir / Madam

**APPLICATION FOR CERTIFICATE OF ACCEPTABILITY**

You are obliged to apply for a certificate of acceptability in terms of Regulation 3(3) of the Regulations Governing General Hygiene Requirements for Food Premises and the Transport of Food (Regulation no R918 of 30 July 1999 GN No 2318) framed under The Health Act, 1977 (Act no 63 of 1977).

In terms of Regulation 3(1) of the said legislation, which inter alia reads.

**“No person shall handle food or permit food to be handled :**

- **On food premises in respect of which a valid certificate of acceptability has not been issued or is not in force;**
- **In contravention of any restriction or condition or stipulation contained in such certificate of acceptability.”**

You are therefore required to submit your application to this office **within (14) days** from the date of this letter. For your convenience an application form for the certificate of acceptability has been attached.

Please note that the application for or the granting of the certificate of acceptability do not in any way absolve you from any responsibility, which you may have with respect to the obtaining of a licence to trade, or the need to comply with any other legislation.

The said certificate of acceptability will only be issued once your facility / premises comply with the relevant legislation.

Your co-operation is appreciated.

Yours faithfully

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**ENVIRONMENTAL HEALTH PRACTITIONER**

Premises No .....  
(Office use only)

**APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY**

IN TERMS OF REGULATION 3(3) OF THE REGULATIONS GOVERNING GENERAL HYGIENE REQUIREMENTS FOR FOOD PREMISES AND THE TRANSPORT OF FOOD NO R918 OF 30 JULY 1999 (GN NO 2318)

**A PERSON IN CHARGE / OWNER (Attach copy of ID document)**

SURNAME AND FIRST NAMES of the person in whose name the Certificate of Acceptability must be issued:

.....

ID No .....

ADDRESS

Postal ..... Code .....

Residential ..... Code .....

Tel no. (H) or (Cell) .....(W) .....

**B PARTICULAR OF FOOD PREMISES**

NAME OF FOOD PREMISES (if any) .....

TYPE OF FOOD PREMISES (eg Take-Away, Supermarket etc.).....

ERF NO (if applicable) .....

LOCATION ADDRESS OR ADDRESS where the food premises can be inspected

.....

.....

***If the following are not situated on the food premises, note the address or describe the location thereof :***

	<b>ERF</b>	<b>ADDRESS</b>
* Sanitary (Latrine facilities)	.....	.....
* Cleaning facilities (wash basins for facilities)	.....	.....
* Handwashing facilities	.....	.....
* Storage facilities for food / facilities	.....	.....
* Preparation premises	.....	.....

**C FOOD CATEGORY**

List and describe the food items / nature of food / type of food involved : (eg. According to your menu)

.....  
.....  
.....

**D TYPE OF BUSINESS** (eg Restaurant, Take-Away, Supermarket, Butchery, Bakery)

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.....

**E NATURE OF HANDLING**

List and describe what your activities will entail (eg. Preparation or Packing and Processing):

.....  
.....  
.....  
.....

**F STAFF** (Food Preparation area only)

Number of persons employed or to be employed : Men : ..... Women : .....

**G PARTICULARS OF EXEMPTION BEING APPLIED FOR : (REGULATION 15(1))**

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.....  
.....  
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**H PARTICULARS OF APPLICANT**

NAME .....

CAPACITY (eg. Owner, Managing Director, Secretary, Manager) .....

POSTAL ADDRESS .....

..... Code .....

TEL NO (.....) .....

DATE OF APPLICATION ...../...../.....

SIGNATURE .....