

## Application for Registration of Food Business

Please note that required fields are identified with an \* and a green border.  
If there are any changes to the details provided in this application after it has been sent, tell us in writing immediately.  
Hand in any attachments with the application or email to [recordsprocessing@horowhenua.govt.nz](mailto:recordsprocessing@horowhenua.govt.nz)

### Type of Registration:

- MPI template food control plan: Food Service, Care Safe and Specialist Retail
- NP3 (National programme level 3)
- NP2 (National programme level 2)
- NP1 (National programme level 1)

### Was your business registered before 1 March 2016, if so what was your registration ID Number(s):

Yes  No

Registration ID Numbers:

### Business Details:

*This section is for the owner or person in control of the food business. If you are applying for an NP registration, there can only be one business and operator. If you are applying for registration under the template food control plan, there can be different businesses under the same registration. In that case, this operator is the person responsible for the food control plan and the other businesses and addresses.*

### What type of operator is your business :

Company  Partnership  Individual

If you are a registered company, please attach a copy of the company name registration from the New Zealand Companies Office ([www.companies.govt.nz](http://www.companies.govt.nz))

I have attached a copy of the company name registration

### Legal Name(s) of operator (e.g. Person, Registered Company or Partnership):

### NZ Business number, if you have a New Zealand business number (NZBN) please provide this:

I have provided my New Zealand business number

### Trading name:

### Operator Contact Details:

*This information must be provided to be registered. However, if the address is a dwelling house, you may ask that the address is withheld from the public register.*

#### Physical Premises Address (if different to postal address):

Street

Suburb

Town/City

Postcode

Withhold Address  Yes

#### Postal Address

Street

Suburb

Town/City

Postcode

Withhold Address  Yes

**Contact person details:**

The contact person details entered below will be used for communications about your registration, such as sending approval documents and renewal reminders. Contact the Council if details change.

Title

Full Name

Mobile

Other telephone

Email

**Day-to-day manager name and position:**

Title

Full Name

Position

Mobile

Other telephone

Email

**Who will be doing your verification:**

Horowhenua District Council       Other:

I have attached a confirmation letter from my verification agency (If agency is not Horowhenua District Council)

I have emailed a confirmation letter from my verification agency (If agency is not Horowhenua District Council)

**Have you attached the scope of operations document for your business?**

I have attached the scope of operations

I have emailed the scope of operations

**Do you wish to register more than one site that is situated in Horowhenua? If yes please provide the details for these addresses below:**

Yes       No

**Details for other addresses:**

**Legal Name(s) of operator (e.g. Person, Registered Company or Partnership):**

**Site Trading Name:**

**Street/Physical address(location of actual premises):**

Street	<input type="text"/>	NZ Business Number:	<input type="text"/>
Suburb	<input type="text"/>	Site day-to-day manager position:	<input type="text"/>
Town/City	<input type="text"/>	Vehicle registration numbers:(mobile businesses only)	<input type="text"/>
Postcode	<input type="text"/>		

**Details for other addresses:****Legal Name(s) of operator (e.g. Person, Registered Company or Partnership):****Site Trading Name:****Street/Physical address(location of actual premises):**

Street

NZ Business Number:

Suburb

Site day-to-day  
manager position:

Town/City

Vehicle registration  
numbers:(mobile  
businesses only)

Postcode

**Payment Details**

All new premises applications must be accompanied by a non refundable deposit of \$200.00 for FCP or \$150.00 for NP, which will be applied to the full cost of the registration process.

Payment can be made directly by internet banking or in person

I would like to pay by (please choose one of the following options)

Internet banking       In Person

**Paying by Internet Banking :**

It is recommended that payment is made electronically using internet banking. Council's Bank details are:

Name	Bank	Branch	Account Number
Horowhenua District Council	BNZ	Levin	02-0668-0070607-02

Ensure you include your name as written on this form and the reference for payment CAT19 in the Particulars and Reference sections when making payment. No action will be taken on your application until payment has been received by Council and matched to your application. To speed things up send evidence of your payment with your application.

Should it be necessary for Council to refund part or all of the fee paid, please provide below the details of the bank account you wish this to be paid to.

Account Name:

Bank Account Number:

**Paying in Person**

You can pay in person by cheque, EFTPOS or by cash, by visiting one of our Customer Service Centres in Levin, Foxton or Shannon.

**Applicant Statement****I confirm that:**

- I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator.
- The information supplied in this application is truthful and accurate to the best of my knowledge and belief.
- 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 a kind (whether in New Zealand or elsewhere) that are regulated under the Food Act 2014.

**I confirm that:**

- I am authorised to make this application on behalf of the operators listed on this form.
- Every operator of the food businesses covered by the Food Control Plan is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD2(2)) of the Income Tax Act 2007.
- Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014.

Name:

Job title:

Signature\*:

Date\*:

**Final Check before sending your application:****Have you:**

- Filled in form completely and legibly
- Attached completed scope of operations document
- Attached a letter from your verifier (if agency is not Horowhenua District Council)
- Attached copies of company registration certificates (if you have a registered limited liability company)
- Attached a copy of your site plan for each site that you intend to register
- Read and signed the application statement
- Included fee payment for this application

**Collection of Information****Collection of personal information:**

- Pursuant to Principle 3 of the Privacy Act 1993, we advise that:
- This information is being collected for the purpose of registering under the Food Act 2014; and
- The recipient of this information, which is the agency that will collect and hold the information, is the Ministry for Primary Industries, PO Box 2526, Wellington 6140 and Horowhenua District Council.
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised 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
- The supply of this information is voluntary; and
- Failure to provide the requested information is likely to result in a 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, which applies; and
- Under principles 6 and 7 of the Privacy Act 1993, you have the right to access to, and correction of, any personal information that you have provided.

**Collection of Official Information:**

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

**Return your registration by:**

- **Post to:** Attention Environmental Health Officer, Horowhenua District Council, Private Bag 4002, Levin 5540
- **Hand to:** Horowhenua District Council, 126 Oxford Street, Levin; or Te Takere; Foxton Library or Shannon Library
- **Email to:** recordsprocessing@horowhenua.govt.nz
- **Fax to:** (06) 366 0983



126 Oxford Street, Private Bag 4002, Levin 5540  
06 366 0999  
enquiries@horowhenua.govt.nz  
www.horowhenua.govt.nz

**Horowhenua**  
*you want to do it online*

**Office Use Only**

This application has been:  Approved  Declined

Comments:

Approved By:

Date:

Signature:

TRIM No. D16/28935