

# Notification of an amendment to a Registered Food Business

## Food Act 2014

### 1. Current registration details

Provide the current registration number below:	
Current legal name/trading name:	
Current owner's name (of the food business):	
Current postal address:	

### 2. Reason for amendment

Indicate below the category for which you are applying for an amendment.

<input type="checkbox"/>	Change of scope of operations. (May require an administration and/or verification fee). Complete sections 6 and 14.
<input type="checkbox"/>	Addition of a multiple site. (Requires an administration and verification fee). Complete sections 12 and 14.
<input type="checkbox"/>	Change of trading name. (Requires an administration fee). Complete sections 8 and 14.
<input type="checkbox"/>	Voluntary suspension. Complete sections 4 and 14.
<input type="checkbox"/>	Surrender. Complete sections 3 and 14.
<input type="checkbox"/>	Change of verification agency. Complete sections 5 and 14.
<input type="checkbox"/>	Other changes e.g. day-to-day manager, email. (May require an administration fee). Complete sections 11 and 14.
<input type="checkbox"/>	Change of postal address. Complete sections 7 and 14.
<input type="checkbox"/>	Change of owner. (Requires an administration fee). Complete section 9 and 14.
<input type="checkbox"/>	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

<input type="checkbox"/>	I wish to surrender the registration referred to at 1. above
Date of surrender:	
Please complete section 14.	
Please ensure you also send a note to your nominated verification agency notifying them of the surrender.	

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## 4. Voluntary suspension

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:

Indicate below the scope of the suspension:

I wish to surrender the registration referred to at 1. above

All operations, or

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



Please complete section 14.

## 5. Change of verification agency

Name of new verification agency:

Commencement date:

End Date:

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

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

New postal address

Withhold address from Public Register

Please complete section 14.

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## 8. Change of trading name

Existing trading name:

New trading name:

Please complete section 14.

## 9. Change of owner

Legal Name:

Trading Name:

Withhold address from Public Register

Registered Limited Company

Registered NZ Business

NZBN:

Please complete section 14.

## 10. Change of physical address

(National programme only)

New physical address:

Withhold address from Public Register

Please complete section 14.

## 11. Other changes

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

Please complete section 14.

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## 12. Multiple site details

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Details for other addresses: <b>(site 2)</b>			
Trading name (site 2):			
Legal Name(s) of operator (site 2):			
Physical Premise Address (site 2):			
<input type="checkbox"/>	Withhold address from public register - Physical Premise Address		
Operator day to day – Full Name:			
Position Held:			
Details for other addresses: <b>(site 3)</b>			
Trading name (site 3):			
Legal Name(s) of operator (site 3):			
Physical Premise Address (site 3):			
<input type="checkbox"/>	Withhold address from public register - Physical Premise Address		
Operator day to day – Full Name:			
Position Held:			
Details for other addresses: <b>(site 4)</b>			
Trading name (site 4):			
Legal Name(s) of operator (site 4):			
Physical Premise Address (site 4):			
<input type="checkbox"/>	Withhold address from public register - Physical Premise Address		
Operator day to day – Full Name:			
Position Held:			

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## 13. Collection of information

### Collection of personal information

Pursuant to Principle 6 and 7 of the Privacy Act 2020, Whanganui 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 Whanganui District Council, PO Box 637, 4541.
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

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

## 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:

Surname:

Signature:

Date:

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## 15. Payment

An administration fee of \$70.00 and/or a verification fee of \$240.00 may be required on submission of this application.

Please consult with an Environmental Health Officer before making payment.

### For office use only

Date Received:				Received by:			
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No			Approved by:			
Date Approved:				Approval Signature:			
Fee:	\$	N/A		Inspection time:		Category:	
				PBV Step:			