

**APPLICATION FORM FOR CERTIFICATE OF  
ACCEPTIBILITY FOR FOOD PREMISES  
(R 638 DATED 22 JUNE 2018)**

Receipt no..... Licence fees.....

**A. PERSON IN CHARGE**

Surname and first names of person in whose name the certificate of acceptability must be issued ..... .....	I.D. Number.....
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Postal Address:


Residential address:


Contact number

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**B. PARTICULARS OF FOOD PREMISES**

Name of business (if any)  
Location address or addresses where the food can be inspected  
Erf no. (if applicable)  
Type of food premises e.g. building, vehicle, stall


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

- a) Sanitary (latrine) facilities
- b) Cleaning facilities (wash basin)
- c) Hand-washing facilities
- d) Storage facilities for food/facilities
- e) Preparation premises

Erf no.	Address

**C. CATEGORY:**

**List and describe the food items or the nature or type of food involved**


**D. NATURE OF HANDLING:**

**List and describe what your activities will entail (e.g. preparation or packing and processing)**

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**E. STAFF:**

Number of persons to be employed

<b>Men</b>	<b>Women</b>
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**F. PARTICULARS OF EXEMPTION BEING APPLIED FOR:**

**Regulation 14(1)**


**G. PARTICULARS OF APPLICANT:**

Name  
Capacity (e.g. owner, managing director,  
secretary, manager)  
Postal address

Contact number


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**SIGNITURE OF APPLICANT**

.....  
**DATE**

