





Buller District Council

info@bdc.govt.nz

6-8 Brougham Street, Westport 7825 PO Box 21, Westport 7866 T: (03) 788 9111 F. (03) 788 8041 66 Broadway, Reefton 7830 PO Box 75, Reefton 7851 T: (03) 732 8821

Grey District Council

105 Tainui Street, Greymouth 7805 PO Box 382, Greymouth 7840 T. (03)769 8600 F. (03) 769 8603 info@greydc.govt.nz www.greydc.govt.nz

Westland District Council

36 Weld Street, Hokitika 7810 Private Bag 704, Hokitika 7842 T. (03) 756 9010 or 0800 474 834 F. (03) 756 9045

council@westlanddc.govt.nz www.westlanddc.govt.nz

ADMINISTRATION
Council Ref:
Maps Ref :
Date Lodged:
Receipt:
Invoice:
Cert Issued:

Application for Registration under Food Act 2014 (with a local council) and a food business with only one site

Template Food Control Plan [Food Service, Care Safe and Specialist Retail]

Counci	ouncil at which application is being made:						
To:	Buller District Council						
	Grey District Council						
	Westland District Council						
VIP	Registration No.:						
	WEBB-						
Who i	s the operator of the food business?						
1	Legal Name(s) of Operator (eg						
	I have attached a copy of the company name registration from the New Zealand Companies office (www.companies.govt.nz)						
2	NZ Business Number						
	If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see https://www.business.govt.nz/companies						
3	Trading Name if any (ie "Trading As…")						
	Same as legal name above						

4	Operator A	Operator Address and Contact Details								
	Please contact Council if any of these details change so that we can update your reco You must provide this information to be registered. However, if the address is a dwellinghouse, you make that the address is withheld from the public register by ticking the box where indicated.									
	Postal Addre	Postal Address:								
	☐ This addr	This address is a private dwellinghouse and I wish it to be withheld from the public register.								
	Physical/Courier Address (if different from postal address):									
	, z.zz., o o a.i.o. / ida. o o o ii. d.i.o. ii. pootai dadi ooo).									
	☐ This addr	s is a private dwellinghouse and I wish it to be withheld from	om the public register.							
	Contact Per	on								
Γ	Contact Person	etails								
		details entered below will be used for communications	•							
	such as sending a	proval documents and renewal reminders. Contact Counc	cil if the details change.							
	WODITE	telephone no.								
	Email	By entering an email address you consent to being sent information and notifications electronically, if required.								
	Operator day-to-	Name:								
	day manager name and position	Position								
W	ho will be doing	our verification?								
	Other – insert name of verification agency	☐ I have attached a confirming letter from my verification	n agency.							
M	Pl's "scope of o	the scope of operations document for your busine erations" document is normally a 24 page document een reduced to avoid confusion and paper wastage.	t. The attached scope							
Γ	_									
L	Scope of Ope	ations attached.								

Applicant Statement

I confirm that:

- 1) I am authorised to make this application as the operator or 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) The operator is 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
- 4) The operator of the food business is able to comply with the requirements of the Food Act 2014.

Name	Job Title	
Signature	Date	

Contact details for registration:
Buller District Council, Westport Office: 03 788-9111
Send your application to: Buller District Council Westport Office, PO Box 21, Westport 7866 Attn: Leanne Tikey
Or email to: leanne.tikey@bdc.govt.nz

Final Check before sending your application
Have you:
 ☐ filled this form in completely and legibly? ☐ attached completed the scope of operations document? ☐ attached copies of company registration certificates if you have a registered limited liability company? ☐ read and signed the Applicant 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 MPI, PO Box 2526, Wellington 6140; and
- 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, which ever 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 ever applies; and
- Under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information that you have provided.

Collection of Official Information

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