

VIP Application Number (if applicable)

## Application Form for Registration of NZFSA Template Food Safety Programme - Exemption from Food Hygiene Regulations 1974

**Who must use this form?**

Any person making an application to a Territorial Authority (council) (or, where applicable, NZFSA) for an exemption from Parts 1 to 17 of the Food Hygiene Regulations 1974, under section 8B of the Food Act 1981, by way of registration of an NZFSA template Food Safety Programme (FSP) with the Chief Executive of the New Zealand Food Safety Authority, must use this form.

**What is the authority for this form?**

This application form has been approved by the Chief Executive in accordance with section 8B(2)(b) of the Food Act 1981.

**What do I do with this form?**

Send the completed application form to the Territorial Authority (council) in which your premises are located. In the event that your local Territorial Authority is not participating in VIP please send to NZFSA, PO Box 2835, Wellington, Attn: Programme Manager (FSSI), Approvals and ACVM Group. If there is any change to the contact details provided in this application, you must inform the territorial authority in writing.

**1. Operator Name:**

Operator name is the full legal name of the owner of the business or person who controls the business. It may be an individual or multiple individuals or the name of a company or a partnership.

Full legal name of person(s) owning/controlling the food business:
Trading Name of Food Business:
Owner Legal Status (tick as appropriate): <input type="checkbox"/> Sole Trader (Owner/Operator) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other ( <i>specify</i> ) _____

**2. Business Address and Contact Details:**

Please provide addresses for every premises to which the FSP applies. Attach additional pages if necessary.

Physical location (for service):	Phone No:  Fax No:
Postal Address (for communication):	E-mail:  <input type="checkbox"/> tick for consent to being provided electronic information.

**3. Scope of Food Safety Programme:**

Tick the appropriate description for your business

<input type="checkbox"/> Food Service – on-site catering <input type="checkbox"/> Food Service – general (e.g. café, restaurant) <input type="checkbox"/> Food manufacture * (eg, for sale at premises other than your own) <input type="checkbox"/> Food retail e.g. grocery items <input type="checkbox"/> Other food businesses or activities **	<input type="checkbox"/> Food Service – off-site catering <input type="checkbox"/> At premises where food is prepared or served to vulnerable persons eg, elderly/ very young/ immuno-compromised <input type="checkbox"/> Mobile food service <input type="checkbox"/> Commercial food imports *
* Please specify types of food made / manufactured / imported -----	
** Please specify types of products / types of other food businesses or activities -----	

**4. Responsible Persons / Organisations:**

<b>Day-to-day Manager of the FSP:</b>	<b>Name / position / designation:</b> <hr/> <b>Phone:</b> <hr/> <b>Email:</b> <hr/>
<b>Territorial Authority (council):</b>	<b>Name:</b> <hr/> <b>Location:</b> <hr/>
<b>Nominated TA Auditor (including TA owned company) or other NZFSA Approved Auditor:</b> (name/audit company/ designation and contact details)	<b>Name (if known):</b> <hr/> <b>TA / Audit Company:</b> <hr/> <input type="checkbox"/> (tick if agreed) I have no objection to NZFSA contacting my auditor directly to clarify any issues related to my FSP

### 5. Operator Declaration:

The declaration must be completed by a person who has the authority to act on behalf of the business e.g. the owner, operator or a director, partner or other person with legal authority to act on behalf of the registered company or partnership or individual(s).

I declare that: a) I am authorised to make this application as the Operator of the FSP or person with legal authority to act on behalf of the Operator; and b) the information supplied in this application is truthful and accurate to the best of my knowledge; and c) I have completed the NZFSA template Food Safety Programme and tailored the FSP to my specific business d) Amendments to the programme will be by agreement between the exempting authority and the Operator. e) All food operations undertaken at my premises are covered by the scope of the FSP f) I undertake to implement the Food Safety Programme as agreed and to comply fully with all requirements of the Food Act 1981 and other pursuant Regulations	
Name (print):	Date:
Designation:	Signature:

### Collection of Personal Information

Pursuant to the Local Government Official Information Act and Principle 3 of the Privacy Act 1993 we advise that:

1. This information is being collected for the purpose of registration of a Food Safety Programme and administration of the Food Act 1981; and
2. The recipient of this information, which is also the agency that will collect and hold the information, is the New Zealand Food Safety Authority, P O Box 2835, Wellington; and the local council to which this application form is submitted; and
3. Some information being collected will be displayed on a public register; and
4. The collection of information is authorised under the Food Act 1981. The provision of this information is necessary in order to process an application for registration; and
5. The supply of this information is mandatory; and
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 the FSP and to grant the exemption, in accordance with the Act; and
7. Under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information, which you have provided.
8. Should a request be made under the Official Information Act 1982 for information held by NZFSA relating to this Agreement or under the Local Government Official Information and Meetings Act 1987 for information held by the Grantee relating to this Agreement, the Party to whom the request is made must notify the other Party as soon as practicable. Such notice must outline the information subject to the request, and allow the Party being notified a reasonable opportunity to provide comment on whether, in its opinion, there are good (or conclusive) reasons for withholding any or all of the information sought.