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E-mail:

Web: <http://www.capetown.gov.za/health>

Ref:

**APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR
FOOD PREMISES IN THE CITY OF CAPE TOWN**

1. **PERSON IN CHARGE:** (Person in whose name the certificate must be issued)

SURNAME: FIRST NAME (S):

I. D. No:

Address:

Business:

Residential:

Tel No. Business:

Fax No. Business:

Tel No. Residential: Cell No.

E-Mail:

A. PARTICULARS OF FOOD PREMISES:

Trade Name of Food Premises (If Any):

Type of Food Premises (e.g. building, vehicle, stall):

Address where food premises can be inspected:

.....

.....

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

a) Sanitary (toilet) facilities:

b) Cleaning facilities (wash basins for facilities):

c) Hand washing facilities:

d) Storage facilities for food/facilities:

e) Preparation facilities:

B. FOOD CATEGORY:

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

.....
.....

2. NATURE OF HANDLING: (List and describe activities e. g. preparation / packing / processing)

.....

3. STAFF: Number of persons: Males: Females:

4. PARTICULARS OF EXEMPTION BEING APPLIED FOR: (Regulation 15 (1))

.....
.....

5. PARTICULARS OF APPLICANT:

Capacity (e. g. owner, managing director):

Name:

Postal address:

Tel No.:

Date of Application:

Signature:

For further information contact

Environmental Health Practitioner:

Telephone:

FOR OFFICIAL USE ONLY

APPROVED:

DATE:

CERTIFICATE NO.: