

ONLY use this form if you are registered with Ōpōtiki District Council

When to use this form:

- If you are registered and wish to notify us you have sold the business or the business has ceased trading and you wish to surrender your registration [ref: s.71 Food Act 2014].
- If you are registered and wish to temporarily suspend all operations at 1 or more sites to which the registration applies. The minimum voluntary suspension period is 3 months and maximum period is 12 months [ref: s64 Food Act 2014].
- If you are registered and wish to tell us about changes to your operation [ref: s45 & 46 Food Act 2014].
- If you are registered and wish to tell us about a change in your registration details e.g. operator details, address, additional site etc.
- If you are registered and wish to tell us about a significant change in circumstances [ref: s51 Food Act 2014].

QUESTION 1: Is your food control plan registered with Ōpōtiki District Council?

- YES – Continue to Q2
 NO – Do not complete this form

QUESTION 2: Do you wish to surrender your registration?

- YES – Complete Section A & Section I
 NO – Continue to Q3

QUESTION 3: Do you wish to voluntarily suspend your registration?

- YES – Complete Section B & Section I
 NO – Continue to Q4

QUESTION 4: Do you wish to change any of your registration details?

- NO – Continue to Q5
 YES – Complete Sections C to G as applicable:
- Change in operator details – Section C
 - Change in verification agency – Section D
 - Change in scope of operations – Section E
 - Other change – Section F
 - Change address details – Section G

ALL: Continue to Q5 AND complete Section I

QUESTION 5: Have you made any of the following changes?

- 1) An amendment to the physical address or location of the food business identified in the food control plan or, in the case of mobile premises, the nominated home base identified in the food control plan.
- 2) Any change to the scope of the food control plan or the procedures identified in the food control plan that may have an effect on the safety and suitability of food traded under that food control plan, including:
 - a) major alterations to facilities or equipment; or
 - b) changes to the nature of the business as a result of the merger of 2 or more food businesses or the reorganisation of one or more food business; or
 - c) change in owner but staff and scope of operations remain the same and the food control plan template has been transferred from the previous owner.
- 3) An amendment to the food control plan that has an impact on the safety and suitability of the food, including (without limitation) the hazards and other factors that are reasonably likely to occur or arise.
- 4) Adding a new place of food business to a multi-site food control plan.

- YES – your change is a significant amendment and you must apply to register the amended food control plan. Go to Section H.
- NO – your change requires notification only. Go to Section I.

SECTION A: SURRENDER REGISTRATION

I wish to surrender the registration in relation to:

Registration ID

Trading as

As at date

Now complete Section I: Notification Statement

SECTION B: SUSPEND REGISTRATION

I wish to suspend the registration in relation to:

Registration ID

Trading as

From date _____ until the following date

I wish to suspend the following operations (tick one):

- All operations
- Certain operations as stated below (attach additional pages if necessary):

Now complete Section I: Notification Statement

SECTION C: CHANGE OF OPERATOR DETAILS

I wish to change the operator details in relation to:

Registration ID

Trading as

Complete ONLY the parts below that have changed

Legal name(s) of operator

(e.g. registered company, partnership or individual)

 I have attached a copy of the company name registration from the New Zealand Companies Office (www.companies.govt.nz)

NZ Business Number

Trading name

 Same as legal name above**Change of operator address and contact details**

Postal address

Physical address (if different to postal address)

Address:

Address:

Town/City:

Town/City:

Postcode:

Postcode:

Country:

Country:

 This address is a private dwelling house and I wish it to be withheld from the public register. This address is a private dwelling house and I wish it to be withheld from the public register**Change of contact person details***The contact person will be used for communications e.g. sending registration renewal reminders.*

Full name

Position

Phone

Mobile

Email

Now complete Section I: Notification Statement

SECTION D : CHANGE OF VERIFICATION AGENCY

I wish to change the verification agency details in relation to:

Registration ID

Trading as

Name of new verification agency(ies)

I have attached a copy of the letter confirming my nominated verification agency(ies) will provide verification services for my registration.

Now complete Section I: Notification Statement

SECTION E: CHANGE OF SCOPE OF OPERATIONS

The scope of operations tells us about the way you source, handle and sell your products. If this has changed, you must complete a new scope of operations form.

I wish to change the scope of operation details in relation to:

Registration ID

Trading as

I have attached a completed scope of operations form providing a description of how my business scope of operations has changed (clearly marked with additions and/or deletions).

Now complete Section I: Notification Statement

SECTION F: OTHER CHANGES

If your change is not on the list, describe it here. Attach additional pages if necessary.

I wish to change details in relation to:

Registration ID

Trading as

Describe changes:

Now complete Section I: Notification Statement

SECTION G: CHANGE OF ADDRESS DETAILS*Complete for each site that has changed. Indicate if this is an addition, removal or change to existing site.*

I wish to change address details in relation to:

Registration ID

Trading as

Site 1

Legal name of operator

NZ Business Number (NZBN)

Physical address

 This address is a private dwelling house and I wish it to be withheld from the public register.Vehicle registration number
(mobile businesses only)Job title of day-to-day
manager (e.g. store manager)

Tick as applicable

 Add Remove Change**Site 2**

Legal name of operator

NZ Business Number (NZBN)

Physical address

 This address is a private dwelling house and I wish it to be withheld from the public registerVehicle registration number
(mobile businesses only)Job title of day-to-day
manager (e.g. store manager)

Tick as applicable

 Add Remove Change**Site 3**

Legal name of operator

NZ Business Number (NZBN)

Physical address

 This address is a private dwelling house and I wish it to be withheld from the public registerVehicle registration number
(mobile businesses only)Job title of day-to-day
manager (e.g. store manager)

Tick as applicable

 Add Remove Change**Now complete Section I: Notification Statement**

SECTION H: APPLICATION TO REGISTER A SIGNIFICANTLY AMENDED FOOD CONTROL PLAN

I wish to register a significantly amended food control plan in relation to:

Registration ID

Trading as

I have:

- Completed section/s C / D / E / F / G to confirm the details of my significantly amended template food control plan.
- Attached documentation to confirm my significantly amended template food control plan.
- Paid the fee (refer to www.odc.govt.nz/feescharges for applicable fees).

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.
2. The information supplied in this application is truthful and accurate to the best of my knowledge.
3. The operator(s) is able to comply with the requirements of the food control plan.
4. The operator(s) is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding YD 2(2)) of the Income Tax Act 2007.

Name		Job title	
Signature		Date	

SECTION I: NOTIFICATION STATEMENT

I confirm that:

1. I am authorised to make this notification as the operator or a person with legal authority to act on behalf of the operator.
2. The information supplied in this notification is truthful and accurate to the best of my knowledge.
3. The operator(s) is able to comply with the requirements of the food control plan.
4. The operator(s) is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding YD 2(2)) of the Income Tax Act 2007.

Name		Job title	
Signature		Date	

FINAL CHECK

I have:

- Attached a letter from my new verification agency, if applicable.
- Attached copies of company registration certificates for any new or changed limited liability companies, if applicable.
- Attached a new scope of operations, if applicable.
- Attached documentation to confirm significantly amended food control plan, if applicable.
- Read and signed Section H, if applicable, and/or Section I.
- Paid the fee to amend my food control plan, if applying for significant change.