



HEALTH & SOCIAL DEVELOPMENT DEPARTMENT

Application form for a Certificate of Acceptability for a food premises in terms of Regulation No. R638 of 22 June 2018, promulgated under the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972).

A. PERSON IN CHARGE:

Surname and first names of the person in whose name the certificate must be issued:	ID. Number
.....

ADDRESS:

Postal Address

.....	
.....	
	Postal Code:

Residential Address

.....
.....

Tel. Numbers

(h)	(w)	(c)
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B. PARTICULARS OF PREMISES:

Name of Food Premises

Alberton Rugby Club Sports Ground
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Stand Number Suburb

377 108R	
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Type of Food Premises (eg. Food Premises or Food Vending)

Food Vending

Location address or address where the food premises can be inspected

10 Elandsfontein Drive verwoerdpark on 7 October 2022
Alberton

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

	Stand number	Address
a) Sanitary facilities	At Venue	
b) Cleaning facilities	At Venue	
c) Hand-washing facilities	At Venue	
d) Storage facilities	At Venue	
e) preparation premises	At Venue	

C. FOOD 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, packing, processing or distribution)

E. STAFF

Number of persons employed or to be employed

Male	
Female	
Total	

F. PARTICULARS OF EXEMPTION BEING APPLIED FOR [REGULATION 15(1)] :

N/A

G. PARTICULARS OF APPLICANT:

Name:		
Capacity:	Tel. No.:	
Postal address		
	Postal code:	
Signature:	Date:	

Application to be faxed, posted or delivered to: Johannes.Rademeyer@ekurhuleni.gov.zaPostal address: Health & Social Development Department

P. O. Box 145

Germiston

1400

Physical Address: Environmental Health Section

Civic Centre

2nd Floor

C Passage

Cnr. Queen & Cross Streets

Germiston