

Change to Food Control Plan under Food Act 2014

When to use this form:

- If you are currently registered with MPI (Ministry of Primary Industries) with a Custom Food Control plan, you will need to apply to them to make changes to your registration.
- If your food control plan is not already registered, please use the application form on Council's website to make application. If you are wanting to change your registration type from a food control plan, to a multi-site national programme, you need to complete a new application form for registration of a multi-site food business subject to national programme. If your application to register your business subject to national programme is successful, you will need to surrender your food control registration using this form.
- If you only want a replacement certificate (where the certificate has been lost or destroyed), you don't need to submit this form. Simply email help.desk@cluthadc.govt.nz to request a copy of your certificate. Council will email you a copy, so make sure you keep us up to date with your current email address.

This form must be used when:

- Applying for registration of a significantly amended¹ template food control plan under section 45 of the Food Act 2014; such as adding a new place of food business, or a change to the scope of the food control plan that may have an effect on the safety and suitability of food; or,
- Notifying of a non-significantly (minor) amended¹ template food control plan under section 45 of the Food Act 2014, such as a change in a type of food that is similar to an existing type of food identified in the food control plan; or
- Notifying of a significant change in circumstances of a food control plan under section 51 of the Food Act 2014; or
- Notifying of a voluntary suspension of a registered food control plan under section 64 of the Food Act 2014; or
- Notifying of a surrender of registration of a food control plan under section 71 of the Food Act 2014.

Before you start, let's check you have everything you need:

- Your current Council registration ID on hand. This is the number at the top of your letter of registration notification.
- For applications for registration of significantly amended¹ food control plans:
 - Documentation to confirm significantly amended food control plan
- If the change relates to your scope of operations, a description of how your business scope of operations has changed (clearly marked additions and/or deletions). Find more information, and the applicable scope form to fill in, by visiting <http://www.cluthadc.govt.nz/publications/all-forms/Pages/default.aspx#foodforms>
- If you are changing verification agency, a copy of the confirmation letter from your new verification agency. A list of recognised verification agencies can be found here: <http://mpi.govt.nz/food-safety/food-act-2014/>, Registers and lists.

- If your business has changed name, and is a registered limited liability company, a copy of the new company registration certificate. See www.companies.govt.nz
- If you are altering, changing, adding or removing addresses where food is handled, you need to make sure you have the address information on hand, and any new or changed site plans. A spreadsheet of the sites' information attached to your application is acceptable. You need to make sure you can confirm that every new or changed operator of the food businesses covered by the food control plan 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 provide company registration certificates for any limited liability companies.
- Your application fee according to the payment section of this form (note, all fees on this form are inclusive of GST)

¹ To decide if your change is a significant amendment, you can check with your verifier, or see Food Notice: Food Control Plans and National Programmes at <http://mpi.govt.nz/food-safety/food-act-2014/>, Requirements, for more information.

Read these notes before you start filling in the form:

- Information provided may be included on the public register. However you can ask for certain personal information to be withheld from the published register. We will tell you where you can choose that option. You can view the public register here: <http://mpi.govt.nz/food-safety/food-act-2014/>, Registers and lists.
- Send the completed application form together with the fee and other requirements above to Clutha District Council at the above address.
- **Q** This icon is used when you need to make a decision. The question will help you decide whether you need to complete a particular section.
- Throughout this form you will need to tick boxes that look like this:
A checked box indicates a "yes" answer.
- If there are any changes to the details provided in this application after the application has been sent to Council, you must promptly inform us of the changes in writing.



Change to Food Control Plan under Food Act 2014 Form

Q Question A: Is your food control plan already registered with CDC?

- Yes – Go to Question B.
- No – Do not complete this form. Use either the “FA A01 New Template Food Control Plan under Food Act 2014” or the “FA A02”, New Multi-Site Template Food Control Plan under Food Act 2014” to register with CDC.

Q Question B: Do you only want a replacement copy of your registration certificate(s)?

- Yes – Do not complete this form. Email your request to help.desk@cluthadc.govt.nz
- No – Go to section 1.

Section 1. Current CDC Registration ID

Complete in all cases.

Enter current registration ID number e.g. R/201X/XXXXX

Q Question C: Do you want to surrender your registration?

- Yes – Complete section 2 and Section 12 only.
- No – Go straight to Question D.

Section 2. Surrender

Notification of surrender of registration of a food control plan is required under section 71 of the Food Act 2014.

I wish to surrender the registration in relation to the registration ID referred to in Section 1 as at date:

...../...../..... (dd/mm/yyyy)

Make sure you also send a note to your nominated Recognised Verification Agency notifying them of the surrender. Complete Section 12 before you send this form to CDC.

Q Question D: Do you want to voluntarily suspend your registration?

- Yes – Go to Question B.
- No – Go to straight to Question E.

Section 3. Voluntary Suspension

Businesses operating registered food control plans may voluntarily suspend their registration for a minimum of 3 months, and a maximum of 12 months, under section 64 of the Food Act 2014.

I wish to suspend the registration in relation to the registration ID referred to in Section 1 until the following date (must be a minimum of 3 months, and a maximum of 12 months):

...../...../..... (dd/mm/yyyy)

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

..... All operations; or

..... Certain operations as described below (*or attach additional pages*)

Your suspension will be effective from the date that CDC processes your application. You will receive notification when this occurs. CDC may require you to provide further information within a specified time, or may impose conditions in respect of the suspension.

Q Question E: Do you want to change any of your registration details?

Yes – Complete Sections 4-9 as applicable to your change(s).

No – Go straight to Question F.

| Section 4. Change Category | |
|---|--|
| Change in operator details <i>Complete with new details</i> | <input type="checkbox"/> Go to section 5 |
| Change of verification agency <i>Complete with new details</i> | <input type="checkbox"/> Go to section 6 |
| Change of scope of operations | <input type="checkbox"/> Go to section 7 |
| Other Change | <input type="checkbox"/> Go to section 8 |
| Change of Multiple address details | <input type="checkbox"/> Go to section 9 |

| Section 5. Change of Operator Details | |
|---|---|
| <i>Complete only the parts that have been changed. Enter the details of the person who is either the owner of person in control of the food business.</i> | |
| Legal name(s) of Operator (e.g. registered company, partnership or individual) | <input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies Office. |
| NZ Business Number | <i>If you have a New Zealand Business Number (NZBN), provide this. If you want more information about NZBN's, including how to get one, see https://www.business.govt.nz/companies/learn-about/nzbn</i> |
| Trading Name, if any (i.e. 'Trading As') | <input type="checkbox"/> Same as legal name above |
| Change of Operator Address and Contact Details | |
| <i>If the above address is a dwelling house, you may ask that the address is withheld from the public register by ticking the box below.</i> | |
| Postal Address | Physical/Courier Address (if different to Postal Address) |
| Address: Town/City: Postcode: Country: <input type="checkbox"/> This address is a private dwelling house and I wish it to be withheld from the public register. | Address: Town/City: Postcode: Country: <input type="checkbox"/> This address is a private dwelling house and I wish it to be withheld from the public register. |
| Change of Contact Person Details | |
| <i>The contact person details entered below will be used for communications, such as sending approval documents and renewal reminders. Contact MPI if the details change.</i> | |
| Mobile Telephone No | Other Telephone No |
| Email: | <i>By entering an email address, you consent to being sent information and notifications electronically, if required.</i> |
| Operator day-to-day manager name and position | Name: Position: |

Section 6. Change of Verification Agency

Name of New Verification Agency(ies)

CDC may contact your Verification Agency directly to clarify any issues related to your registration

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

Section 7. Change of Scope of Operations

Tick one. Scope of Operations tells us about what you do. A Scope of Operations form is available online at [https://mpi.govt.nz/foodsafety/food-act/2014/Forms and Templates](https://mpi.govt.nz/foodsafety/food-act/2014/Forms%20and%20Templates).

- I have attached a completed Scope of Operations form providing a description of how my business scope of operations has changed (clearly marked additions and/or deletions); or,
- I have attached a written description of how my business scope of operations has changed. This includes all of the following:
- The Food Act Sectors I operate in – for example, retail, food service, manufacturing
 - My products – the type of food I make or sell
 - Processes – how I make my food
 - Trading operations – how and where I sell my products

Section 8. Other Changes

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

Q Question F: 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;
 - Major alterations to facilities or equipment; or
 - 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;
- 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 10.
- No – Your change requires notification only. Go straight to section 12.
- I don't know – You can check with your verifier, or see food notice: Food Control Plans and National Programmes at <http://mpi.govt.nz/food-safety/food-act-2014/>, Requirements for more information.

Section 9. Multiple Address Details

Add additional pages if necessary, or attach a file (e.g. spreadsheet) to your application email with all of the information required below. Indicate if the address is an addition, a removal or a change to existing site. Attach site plans for any new or changed sites.

| Template food control plan | | <input type="checkbox"/> I have attached documentation to confirm significantly amended template food control template (refer to Question F) | | | | | |
|--|---|--|--|---|----------------------------------|---------------|--|
| Legal name(s) of site operator (e.g. registered company, partnership or individual) <i>Tick box to confirm company registration certificate is attached for any Limited Liability Companies</i> | NZ Business Number <i>(Where applicable)</i> | Site trading name, if any <i>(i.e. Trading As)</i> | Street/Physical Address <i>(location of actual place)</i> <i>(Tick box if you wish the address to be withheld from the public register because it is a private dwellinghouse)</i> | Vehicle Registration Numbers <i>(Mobile Businesses only)</i> | Site day-to-day manager position | Local Council | Tick as applicable |
| e.g. ABC Foods Limited <input type="checkbox"/> | | e.g. Yummy CakesRus, Wellington Store <input type="checkbox"/> | e.g. 123 Cakes Road, Faketown, 1234 <input type="checkbox"/> | | e.g. Store Manager | | |
| <input type="checkbox"/> | | <input type="checkbox"/> Same as legal name | <input type="checkbox"/> | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| <input type="checkbox"/> | | <input type="checkbox"/> Same as legal name | <input type="checkbox"/> | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| <input type="checkbox"/> | | <input type="checkbox"/> Same as legal name | <input type="checkbox"/> | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| <input type="checkbox"/> | | <input type="checkbox"/> Same as legal name | <input type="checkbox"/> | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| <input type="checkbox"/> | | <input type="checkbox"/> Same as legal name | <input type="checkbox"/> | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

Section 10. Application for registration of significantly amended food control plan

Template food control plan

I have attached documentation to confirm significantly amended template food control template (refer to Question F)

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
3. The operator 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 | |

Q Question G: Have you completed Section 9?

Yes – Complete Section 11.

No – Go straight to section 14.

Section 11. Multi-Site Food Control Plans – Applicant Statement

We accept PDF or scanned versions of signatures.

I confirm that:

1. I am authorised to make this application on behalf of the operators listed in Section 9; and
2. Every operator of the food businesses covered by the Food Control Plan is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2 (2)) or the Income Tax Act 2007; and
3. Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014.

| | | | |
|-----------|--|-----------|--|
| Name | | Job Title | |
| Signature | | Date | |

Q Now, go straight to Section 14.

Section 12. Notification Statement

Complete for all notifications.

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 notification is truthful and accurate to the best of my knowledge; and
3. The operator is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2 (2)) or the Income Tax Act 2007.

| | | | |
|-----------|--|-----------|--|
| Name | | Job Title | |
| Signature | | Date | |

Q Question H: Have you completed Section 9?

Section 13. Multi-Site Food Control Plans – Notification Statement

We accept PDF or scanned versions of signatures.

I confirm that:

1. I am authorised to make this application on behalf of the operators listed in Section 9; and
2. Every operator of the food businesses covered by the Food Control Plan is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2 (2)) or the Income Tax Act 2007; and
3. Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014.

| | | | |
|-----------|--|-----------|--|
| Name | | Job Title | |
| Signature | | Date | |

Section 15. Final Check and Document package to send to CDC

Have you:

- Attached documentation to confirm significantly amended food control plan, if you are applying for registration of a significantly amended food control plan?
- Attached a letter from your new verification agency, if applicable?
- Attached copies of company registration certificates for any new or changed limited liability companies, if applicable?
- Attached a new description of your scope of operations, if applicable?
- Read and signed either the Applicant or Notification statement, whichever applies?
- Included fee payment (unless surrendering)?

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 submitting a change to a registered food control plan under the Food Act 2014; and
- The recipient of this information, which is the agency that will collect and hold the information, is Clutha District Council, PO Box 25, Balclutha, 9240 ; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 45,46,51,64, or 71, which ever applies, of the Food Act 2014. Failure to provide information under section 45, 46, or 51 is an offence under section 240 of the Act (penalty – fine up to \$200,000 for corporates and up to \$50,000 for individuals). Failure to provide information under sections 64 and 71 is an offence under section 244 (penalty – fine up to \$20,000 for corporates and up to \$5,000 for individuals).
- 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 Clutha District Council 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, Clutha District Council must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation.