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 amended 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 www.cluthadc.govt.nz/food-safety
- 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 at www.mpi.govt.nz/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 is set in Clutha District Council's fees and charges at www.cluthadc.govt.nz/ fees-charges.

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 at www.mpi.govt.nz/food-act-2014.
- 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.

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 www.mpi.govt.nz/food-act-2014, for more information.

Clutha District Council 1 Rosebank Terrace P O Box 25, Balclutha 9240, New Zealand Telephone + 64 3 419 0200 Email help.desk@cluthadc.govt.nz www.cluthadc.govt.nz



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 operations under their plan for a minimum of 3 months, and a maximum of 12 months, under section 64 of the Food Act 2014.
I wish to suspend operations under the plan 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	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 to straight to Question F.					
Section 4. Change ca	ntegory				
Change in operator details Complete with new details			Go to section 5		
Change of verification agency Complete with new details			Go to section 6		
Change of scope of operations			Go to section 7		
Other change			Go to section 8		
Change of multiple address details			Go to section 9		
Section 5. Change of Complete only the parts that he	•	erson wh	o is either the owner of person in control of the food business.		
Legal name(s) of operat (e.g. registered compan- partnership or individua	y,	mpany na	me registration from the New Zealand Companies Office.		
NZ Business Number	If you have a New Zealand Business	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 www.nzbn.govt.nz/about			
Trading name, if any (i.e 'trading as')	Trading name, if any (i.e.				
Change of operator add If the above address is a dwelli	ress and contact details	ithheld fr	om the public register by ticking the box below.		
Postal address	<u> </u>	Physical/courier address (if different to Postal Address)			
Address:		Addr	ess:		
Town/City:		Town/City:			
Postcode:		Posto	ode:		
i osteoue.					
Country:		Coun	try:		
Country: This address is a priva	ate dwelling house and I wish it to be	Coun	his address is a private dwelling house and I wish it to be		
Country: This address is a prival withheld from the public Change of contact per	ic register. Son details	Coun	•		
Country: This address is a prival withheld from the public Change of contact per The contact person details enter the contact perso	ic register. Son details	Coun	This address is a private dwelling house and I wish it to be withheld from the public register.		
Country: This address is a prive withheld from the public Change of contact per The contact person details entif the details change.	ic register. Son details	Coun , such as Othe	This address is a private dwelling house and I wish it to be withheld from the public register. Sending approval documents and renewal reminders. Contact MPI Telephone no.		
Country: This address is a prive withheld from the public Change of contact per The contact person details entif the details change. Mobile telephone no.	ic register. Son details ered below will be used for communications.	Coun , such as Othe	This address is a private dwelling house and I wish it to be withheld from the public register. Sending approval documents and renewal reminders. Contact MPI Telephone no.		

Sec	tion 6. Change of verification agency					
CDC I	e of new verification agency/agencies nay contact your verification agency directly to clarify any issues d to your registration					
		I have attached a copy of the letter confirming my nominated verification agency/agencies will provide verification services for my registration.				
	tion 7. Change of scope of operations one. Scope of Operations tells us about what you do. A Scope of Operations tells us about what you do. A Scope of Operations	perations form is available online at www.mpi.govt.nz/food-act-2014				
	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					
	tion 8. Other changes r change is not on the list, describe it here. Attach additional pages if I	necessary.				
Q d	Question F: Have you made any of the following cl					
	mobile premises, the nominated home base identified in Any change to the scope of the food control plan or the effect on the safety and suitability of food traded under t - Major alterations to facilities or equipment; or - Changes to the nature of the business as a result of one or more food business;	e procedures identified in the food control plan that may have an chat food control plan, including; the merger of 2 or more food businesses or the reorganisation of apact on the safety and suitability of the food, including (without ably likely to occur or arise;				
	Yes – Your change is a significant amendment, and you must No – Your change requires notification only. Go straight to se	apply to register the amended food control plan. Go to section 10.				
	I don't know – You can check with your verifier, or see www.mpi.govt.nz/food-act-2014, Requirements for more info	food notice: Food Control Plans and National Programmes at primation.				

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

Section 10. Application for registration of significantly amended food control plan						
Template food control plan						
I confirm that:						
 I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and The information supplied in this application is truthful and accurate to the best of my knowledge; and 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.						
	Multi-site food control plans – applica scanned versions of signatures.	nt statement				
 I confirm that: I am authorised to make this application on behalf of the operators listed in Section 9; and 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 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				
	traight to Section 14.					
Section 12. N	Notification statement					
 I confirm that: I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and The information supplied in this notification is truthful and accurate to the best of my knowledge; and 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: I am authorised to make this application on behalf of the operators listed in Section 9; and 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 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 Clutha District Council			
Have	e 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

Privacy statement

We collect your information in order to process your request for changes to your registered food control plan under the Food Act 2014.

The collection of this information is authorised under section 45, 46, 51, 64, or 71, whichever applies, of the Food Act 2014. The supply of this information is voluntary, however, failure to provide this may mean your application cannot be processed and may result in your business not being registered, in accordance with section 54 and 57 of the Food Act 2014.

We'll retain an electronic copy of your information in our protected filing system for our records. A restricted number of Clutha District Council staff can access this information. This information is also shared with the Ministry for Primary Industries, and Invercargill City Council staff who undertake inspections on behalf of Clutha District Council.

Some of the information collected will be displayed on the Ministry for Primary Industries' public register.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at help.desk@cluthadc.govt.nz, 03 419 0200 or 1 Rosebank Terrace, Balclutha.

Local Government Official Information and Meetings Act

All information provided to Clutha District Council is official information and may be subject to a request made under the Local Government Official Information and Meetings Act 1987.

If a LGOIMA request is made for information you have provided in this application, Clutha District Council must consider any such request in accordance with its obligations under the Local Government Official Information and Meetings Act 1987 and any other applicable legislation.