

TAX INVOICE GST No. 16-940-356

VERIFICATION SERVICES FOR NATIONAL PROGRAMME OPERATORS

Whakatāne District Council has received formal recognition from Ministry for Primary Industries (MPI) for verification of Food Control Plans and National Programme operations. Whakatāne District Council or an MPI recognised independent verification agency can provide verification services. If you choose Whakatāne District Council as your verifier, the terms and conditions of this service are on the website. If you cannot access these terms and conditions, a hardcopy version can be provided.

National Programmes (NP) are provided for under Part 2, Subpart 3 of the Food Act 2014 (Act). The Act requires that new businesses have their first full initial verification scheduled within 6 weeks of registration. Timing of the subsequent verification is set by the outcome of the previous verification. The fees and charges for NP operators are set by Whakatāne District Council in its Annual Plan Fees & Charges Schedule, available on the website.

Your help to ensure verifications occur within the required timeframes is appreciated. Our contact details are (07) 306 0500 and environmentalhealth@whakatane.govt.nz. The terms and conditions, forms and various resources are available on our web page: https://www.whakatane.govt.nz/services/environmental-health-and-liquor-licensing/food-and-catering

NOTE: fields marked with * are mandatory. A Scope of Operations form must be provided for every site.

TYPE OF NATIONA	L PROGRAMME REC	GISTRATION (Multi-S	Site)				
□ New - intended	trading start date:		☐ Renew	☐ Renewal – existing WKT number: WKT			
Level 1 Level 2	☐ Level 3 ☐						
TYPE OF BUSINESS							
☐ Sole Trader or Ir	ndividual	□ Partnership	□ Regist	ered Company – NZBN			
FOOD STALLS OR MOBILE SHOPS ASSOCIATED WITH YOUR FOOD BUSINESS							
Vehicle Registratio	n:	_	Vehicle tr	rading name:			
FOOD BUSINESS D	ETAILS						
Legal Name(s) of							
Operator							
•	☐ I have attached	d a copy of the comp	any's certific	rate of registration from the New Zealand			
	Companies Office	(www.companies.go	ovt.nz)				
Trading Name	*						
	□ Same as legal name						
Operator Contact I							
Name	*						
Phone number	*		Email	*			
Mobile preferred							
			_				
Physical Address	*		Postal	*			
			Address				
				☐ Same as physical address			
☐ This address is a priv	l ate dwelling, withhold f	from the public register	☐ This addre	ess is a private dwelling, withhold from the public register			





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		TIONAL PROGRAMM	<u> </u>				
	as contact de						
	The contact person details entered below will be used for communications about your registration, such as sending approval documents and renewal reminders. Contact Whakatāne District Council or MPI if the details change.						
	documents a	nd renewal reminders	. Contact Whakata		Council or MPI if the details change.		
Name		*		Position			
DI.		*		Held	*		
Phone nu		T		Email	T		
Mobile pr	ejerrea						
Dataila fa	Oth C't						
	r Other Sites		*				
Site 2		(s) of site operator	*				
	NZBN (if ap		*				
	Site trading		*				
	Physical ad	aress	T				
	Postal addr	ess	*				
	.		☐ Same as physic	al address			
	Managers r		*				
	Managers phone number		*				
- C': - C	Managers email address		*				
Site 3		(s) of site operator	*				
	NZBN (if ap		*				
	Site trading		*				
	Physical ad	aress					
Postal address		ess	*				
			☐ Same as physic	al address			
	Managers r	name	*				
		phone number	*				
	Managers e	email address	*				
Site 4	Legal name	(s) of site operator	*				
	NZBN (if ap	plicable)					
	Site trading	name	*				
	Physical ad	dress	*				
	Postal addr	ess	*				
			☐ Same as physic	al address			
	Managers r	name	*				
		phone number	*				
	Managers e	email address	*				

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V/FR	IEVING	AGENCY
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\square I have attached a confirming letter from my verification agency:	

☐ I wish to use Whakatāne District Council for the verification of my National Programme.





COLLECTION OF INFORMATION

Collection of Personal Information

Pursuant to Principle 3 of the Privacy Act 2020, we advise that:

- This information is being collected for the purpose of registering under the Food Act 2014
- The recipient of this information, which is the agency that will collect and hold the information, is Whakatāne District Council, Private Bag 1002, Whakatane 3158
- Some of the information collected will be displayed on a public register operated by MPI, PO Box 2526, Wellington 6140 to fulfil requirements under the Food Act 2014
- The collection of information is authorised under section 53 of the Food Act 2014. The provision of this information is necessary in order to process an application for registration under section 53
- The supply of this information is voluntary. However, failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to register, in accordance with section 54 and 57, of the Food Act 2014
- Under Principles 6 and 7 of the Privacy Act 2020, you have the right of access to, and correction of, any personal information that you have provided

Collection of Official Information

- All information provided 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, the Whakatāne District Council and MPI must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation

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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 belief; and
- 3) The operator is resident in New Zealand and within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007; and
- 4) The operator of the food business is able to comply with the requirements of the Food Act 2014
- 5) If I have nominated Whakatāne District Council as the verifying agency, I accept the terms and conditions as outlined in the Verification Services Terms & Conditions located on the Whakatāne District Council website: www.whakatane.govt.nz

Name	*	Job Title	
Signature	*	Date	*

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MULTI-SITE NATIONAL PROGRAMME REGISTRATION FEES			
Registration Type	Registration Fee (GST inc)	1/01/	
New National Programme (2-5 Sites)	□ \$395.00	000	
New National Programme (6+ Sites)	□ \$600.00	5016	
Renewal National Programme (2-5 Sites)	□ \$310.00	A 1 F	
Renewal National Programme (6+ Sites)	□ \$450.00	_	
To pay direct - Whakatāne District Council bank details: ANZ account number 01-0434-0334411-00			
Jse references "your business name", "FOOD", "LIHI"			





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PAYMENT						
Cash \square Online (<i>Please attach proof of payment</i>) \square Other \square						
Office use only: CSC Initials	Amount	Receipt Number				
APPLICANT CHECKLIST						
Have you:						
☐ Filled out the application for	n in full?					
☐ Attached a completed Scope	of Operations document?					
☐ Attached a Certificate of Inco	rporation (if you have a registere	ed limited liability company)?				
☐ Attached a letter from your v	verifier confirming they will verify	y you?				
☐ Read and signed the Applican	nt Statement?					
☐ Provided the details for every	/ site?					
☐ Included fee payment for thi	s application? (If paid online, pled	ase provide the details of this transaction.)				
	Email completed application	forms to:				
	environmentalhealth@whakata	ane.govt.nz				
Post completed application forms to:						
Whakatāne District Council, Private Bag 1002, Whakatāne 3158						
	Or return to:					
Customer Services, Civic Centre, Commerce Street, Whakatāne Or Customer Service Centre, Pine Drive, Murupara						