

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 with this application.

TYPE OF NATIONAL PROGRAMME REGISTRATION (Single-Site)

☐ **New** - intended trading start date: _____ ☐ **Renewal** – existing WKT number: WKT _____
 Level 1 ☐ Level 2 ☐ Level 3 ☐

TYPE OF BUSINESS

☐ **Sole Trader or Individual** ☐ **Partnership** ☐ **Registered Company - NZBN:** _____

FOOD STALLS OR MOBILE SHOPS ASSOCIATED WITH YOUR FOOD BUSINESS

Vehicle Registration: _____ **Vehicle trading name:** _____

FOOD BUSINESS DETAILS

Legal Name(s) of Operator	<input type="checkbox"/> <i>I have attached a copy of the company's certificate of registration from the New Zealand Companies Office (www.companies.govt.nz)</i>		
Trading Name	* <input type="checkbox"/> <i>Same as legal name</i>		
Operator Contact Details			
Name	*		
Phone number <i>Mobile preferred</i>	*	Email	*
Physical Address	*	Postal Address	*
		<input type="checkbox"/> <i>Same as physical address</i>	
<input type="checkbox"/> <i>This address is a private dwelling, withhold from the public register</i>		<input type="checkbox"/> <i>This address is a private dwelling, withhold from the public register</i>	

MANAGER OF THE NATIONAL PROGRAMME
☐ Same as contact details above

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.

Name	*	Position Held	
Phone number <i>Mobile preferred</i>	*	Email	*

VERIFYING AGENCY

- ☐ 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, Whakatāne 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

APPLICANT STATEMENT
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	*

APPLICATION FORM

National Programme (Single-Site)

TAX INVOICE GST No. 16-940-356

SINGLE-SITE NATIONAL PROGRAMME REGISTRATION FEES

Registration Type	Registration Fee (GST inc)
New National Programme	\$200.00
Renewal National Programme	\$155.00
To pay direct - Whakatāne District Council bank details: ANZ account number 01-0434-0334411-00 Use references "your business name", "FOOD", "LIHI"	

PAYMENT

Cash <input type="checkbox"/> Online (<i>Please attach proof of payment</i>) <input type="checkbox"/> Other <input type="checkbox"/>
Office use only: CSC Initials <input type="text"/> Amount <input type="text"/> Receipt Number <input type="text"/>

APPLICANT CHECKLIST

Have you:

- ☐ Filled out the application form in full?
- ☐ Attached a completed Scope of Operations document?
- ☐ Attached a Certificate of Incorporation (*if you have a registered limited liability company*)?
- ☐ Attached a letter from your verifier confirming they will verify you?
- ☐ Read and signed the Applicant Statement?
- ☐ Included fee payment for this application? (*If paid online, please provide the details of this transaction.*)

Email completed application forms to:
environmentalhealth@whakatane.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