

63 Miranda Street PO Box 320 Stratford 4352 Phone. 06 765 6099 stratford.govt.nz

Application for Registration of Multiple-Site Food Business

Food Act 2014

1 000 7 101 2014				
TYPE OF REGISTRATION				
MPI Template Food Control Plan		National Programme 3		
National Programme 2		National Programme 1		
OPERATOR OF THE FOO	D BUSINESS			
Legal name(s) of operator				
	I have attached a copy of the co (www.companies.govt.nz)	mpany name registration from the New Zealand Companies office		
NZ business number				
	If you have a New Zealand Business including how to get one, see https://	Number (NZBN), provide this. For more information about NZBN's, //www.business.govt.nz/companies		
Trading name				
	Same as legal name above			
OPERATOR ADDRESS AN	ID CONTACT DETAILS			
PHYSICAL ADDRESS		POSTAL ADDRESS (if different to physical address)		
Address		Address		
Town/City		Town/City		
Postcode		Postcode		
Country		Country		
This address is a private dwellinghouse and I wish it to be withheld from the public register. This address is a private dwellinghouse and I wish it to be withheld from the public register.				
CONTACT PERSON DETA	AILS			
Mobile	Of	ther telephone no.		
Email				
Operator day-to-day manager name and position				
Name				
Position				

WHO WI	LL BE DOING YOUR VER	IFICATION?
Counc	iiL	
Other	– please specify	
l ha	ave attached a confirming leti	ter from my verification agency.
SCOPE O	F OPERATIONS	
Scope	of operations attached?	
APPLICA	ANT STATEMENT	
confirm t	hat	
	thorised to make this apperator; and	olication as the operator or a person with legal authority to act on behalf of
2. The info	ormation supplied in this	application is truthful and accurate to the best of my knowledge and belief.
also conf	îrm that	
3. I am au	thorised to make this app	olication on behalf of the operators listed in section 3 of the Food Act 2014; and
		nesses covered by the Food Control Plan is resident in New Zealand within /D 2 (excluding section YD 2(2)) of the Income Tax Act 2007; and
	perator of the food busin ments of the Food Act 20	nesses covered by the Food Control Plan is able to comply with the 014.
Name		
Job title		
Signature		Date
		Day Month Year
DETAILS	FOR OTHER ADDRESSE	s
_egal nam	e(s) of site operator	
	ered company, o or individual)	This is for template food control plan registrations only. Tick box to confirm company registration certificate is attached for any limited liability companies
NZ busine:	ss number	
Site tradinç	g name, if any	
Physical Ad	ddress	
		Tick box if you wish the address to be withheld from the public register because it is a private dwellinghouse
	gistration numbers Isinesses only)	
	p-day manager position	

DETAILS FOR OTHER ADDRESSES			
Legal name(s) of site operator (e.g. registered company, partnership or individual)	This is for template food control plan registrations only. Tick box to confirm company registration certificate is attached for any limited liability companies		
NZ business number	, , , ,		
Site trading name, if any			
Physical Address			
	Tick box if you wish the address to be withheld from the public register because it is a private dwellinghouse		
Vehicle Registration numbers (mobile businesses only)			
Site day-to-day manager position			
Legal name(s) of site operator (e.g. registered company, partnership or individual)	This is for template food control plan registrations only. Tick box to confirm company registration certificate is attached for any limited liability companies		
NZ business number			
Site trading name, if any			
Physical Address			
	Tick box if you wish the address to be withheld from the public register because it is a private dwellinghouse		
Vehicle Registration numbers (mobile businesses only)			
Site day-to-day manager position			