



Buller District Council
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Council Ref:
MPI Ref:
Date of issue:
Date of commencement:

Administration - Checklist		
<input type="checkbox"/> Created in MAPs (ensure final status is "Registered")	<input type="checkbox"/> Created/updated in NCS	<input type="checkbox"/> Debtor _____
<input type="checkbox"/> Check/update statuses, expiries, update next audit due	<input type="checkbox"/> Verification Result Letter	<input type="checkbox"/> Create Invoice (# _____)
<input type="checkbox"/> MPI Verification Spreadsheet updated	<input type="checkbox"/> Scan documents to file	<input type="checkbox"/> Post to applicant, copy to file/Pete

Application for Registration under Food Act 2014 (with a local council) and a food business with only one site

NATIONAL PROGRAMME 2 **Registration: 2 yearly with local council** **Verification: 3 yearly by independent verifier**

This is an application for a:

New business or
 Renewal of an existing registration. Registration number: _____

Expiry Date: _____

From what date will you be operating? (If this is a renewal of registration, skip this question)

1. Date of commencement: _____
This will be the start date of your registration, and will determine the expiry date of your registration certificate. It will also help determine the date your verification must be carried out by,

Who will be doing your verification?

2. Name of Verifier _____
 I have attached a confirming letter from my verification agency.

Who is the operator of the food business?

3. Full legal name of operator: _____
Eg registertered company, partnership or individual
 I have attached a copy of the company name registration from the New Zealand Companies office (www.companies.govt.nz)
4. NZ Business Number : _____
If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see <https://www.business.govt.nz/companies>

5. Trading name (if any): _____

6. **Postal** Address: _____

Town/City and Postcode: _____

This address is a private dwellinghouse and I wish it to be withheld from the public register.

7. **Physical / Courier** Address: _____

Town/City and Postcode: _____

This address is a private dwellinghouse and I wish it to be withheld from the public register.

Contact Details

The contact person details entered below will be used for communications about your registration, such as sending approval documents and renewal reminders. Contact Council if the details change.

8. Day to Day Manager Name: _____

Position _____

Contact (Mobile): _____

Contact (Landline): _____

Contact (Email): _____

Is this business Mobile?

If your business is a mobile shop, please note the vehicle/trailer/unit's registration details.

9. Registration Details: _____

Have you attached the scope of operations document for your business?

Scope of Operations attached.

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 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.

Name		Job Title	
Signature		Date	