

Application to surrender registration or suspend operations

Food Act 2014



South Waikato District Council
Torphin Crescent
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Please use this form if you wish to advise Council:

- you wish to temporarily suspend all operations at 1 or more sites to which the registration applies
- that your business has been sold or has ceased trading, and you want to surrender your registration

Who is the operator of the food business?

Legal Name(s) of Operator:

Certificate Number:

Trading Name:

Address of business:

Contact Person Details

(Provide contact details of the person informing us of these changes)

Name:

Position:

Phone:

Email:

Suspend your registration

Please note: The minimum voluntary suspension period is 3 months and maximum period is 12 months (under Section 64 & 92 of the Food Act 2014).

I wish to suspend the registration from the following date:

Until the following date:

I wish to suspend the following operations (tick one):

All operations:

Particular operations as stated below:

Surrender your registration

I wish to surrender the registration from the following date:

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) Neither I nor any directors, partners, or managers of the business concerned have been convicted, whether in New Zealand or overseas, of any offence relating to fraud or dishonesty, or relating to management, control, or business activities in respect of businesses of a kind (whether in New Zealand or elsewhere) that are regulated under the Food Act 2014; and
- 4) 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
- 5) The operator of the food business is able to comply with the requirements of the Food Act 2014 and any relevant legislation applicable to the business.

Name:

Position:

Signature:

Date:

For Office Use

Licence No:

RBM Number:

Reviewed by:

Date: