



*Ugu Distrik Munisipaliteit*

*Ugu District Municipality*

*Ugu Umasipala Wesifunda*

**ECONOMIC DEVELOPMENT & ENVIRONMENTAL SERVICES  
ENVIRONMENTAL HEALTH SERVICES**

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The Owner/Manager

**Re: CERTIFICATE OF ACCEPTABILITY ISSUED IN TERMS OF REGULATIONS GOVERNING GENERAL HYGIENE REQUIREMENTS FOR FOOD PREMISES, THE TRANSPORT OF FOOD AND RELATED MATTERS: REGULATIONS No. R638 OF 22 JUNE 2018 PROMULGATED UNDER THE FOODSTUFFS, COSMETICS & DISINFECTANTS ACT (ACT 54 OF 1972)**

The undersigned wishes to inform you that the abovementioned regulation governing general hygiene requirements for food premises and the transport of food was published in Government No. 41730 dated 22 June 2018

These regulations are applicable to all premises on which food is handled. Handle is defined as follows:  
"handle" includes manufacture, process, produce, pack, prepare, keep, offer, store, transport or display for sale or for serving, and handling has a correspondence meaning. It is apparent that diverse premises such as restaurant, spaza shops, milk premises, green grocers, food hawkers etc. all fall with the definition of food handling premises.

Your attention is especially drawn to the fact that all food premises must obtain **Certificate of Acceptability** to handle or permit food to be handled on such premises.

The following procedures are in place and should be followed by the owner/manager of a food premises to obtain a Certificate of Acceptability:

1. The person in charge of any food premises must complete the attached application form and forward it forthwith to the Environmental Health Department.
2. **An administration fee of R230 must be paid and proof of payment must be submitted in order for the application to be processed. Banking details can be found below and on page 5.**
3. On receipt of an application the local Environmental Health Practitioner will carry out an inspection and if all the requirements of the Regulation are complied with, issue a Certificate of Acceptability in the name of the person in charge
4. The Certificate of Acceptability shall be displayed in a visible place for the information of the public on the food premises in respect of which it was issued.

**PLEASE NOTE**

The Certificate of Acceptability:

- a) Shall not be transferable from one person to another or from one food premises to another.
- b) Shall be valid only in respect of the nature of handling set out in the application for a certificate.
- c) May at any time be endorsed by the Ugu District Municipality.
- d) Shall expire temporarily for the period during, which a prohibition is in effect.
- e) Shall expire permanently if a prohibition referred to be not removed within a stipulated period, which shall exceed six months from the date on which a notice was issued.
- f) Shall expire permanently if the provisions are not complied with.

No person may make any unauthorised changes or additions to, or forge a Certificate of Acceptability.

No person shall handle food or permit food to be handled.

- a) On a food premises in respect of which a valid Certificate of Acceptability has not been issued or is not in force.
- b) In contravention of any restriction or condition of acceptability.

**MS V MANAWER  
MANAGER: ENVIRONMENTAL HEALTH SERVICES**

Ugu DM/Environmental Health Services/COA Application

Page 1 of 5

AMOUNT: R230.00      BANK NAME: STANDARD BANK      BRANCH CODE 051001  
ACCOUNT NUMBER: 053299833      REFERENCE NUMBER: 60282598

**ECONOMIC DEVELOPMENT & ENVIRONMENTAL SERVICES  
ENVIRONMENTAL HEALTH SERVICES**

**Act 54 of 1972 (Annexure A)**

**(Vol 636. No 41730)**

**ANNEXURE A  
(Regulation 3 (2))**

**APPLICATION FORM FOR A CERTIFICATE OF ACCEPTABILITY**

**AN ADMINISTRATION FEE OF R230 MUST BE PAID AND PROOF OF PAYMENT MUST BE SUBMITTED IN ORDER FOR THE APPLICATION TO BE PROCESSED. BANKING DETAILS CAN BE FOUND BELOW AND ON PAGE 5**

Please tick the appropriate box

<b>NEW APPLICATION</b>	<input type="checkbox"/>	<b>RENEWAL</b>	<input type="checkbox"/>	<b>CHANGE OF OWNERSHIP/MANAGEMENT</b>	<input type="checkbox"/>
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**A. TYPE OF FACILITY**

(Please tick the type of food facility for which you are applying for a Certificate of Acceptability)

General Dealer/Retailer	<input type="checkbox"/>	Take-Away	<input type="checkbox"/>	Wholesaler/Distributor	<input type="checkbox"/>
Butchery	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Crop farming	<input type="checkbox"/>
Caterer	<input type="checkbox"/>	Informal Food Vendor	<input type="checkbox"/>	Processing Plant	<input type="checkbox"/>
Mobile Unit	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Home industry	<input type="checkbox"/>
Spaza Shop	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>		

**B. PARTICULARS OF APPLICANT / PERSON IN CHARGE**

Details of person in whose name the Certificate of Acceptability will be issued

Surname		
First Names		
Capacity (e.g. owner, managing director, manager)		
I.D./Passport No.		
Supporting Documents:	Copy of RSA identification document	<input type="checkbox"/>
	Copy of Valid Passport, if applicable	<input type="checkbox"/>
	Copy of Resident documentation, If an immigrant	<input type="checkbox"/>
	Copy of the Company/Close Corporation Registration Certificate indication all Directors/members and addresses, if applicable	<input type="checkbox"/>
	Copy of valid zoning certificate	<input type="checkbox"/>
	Copy of valid Business Licence	<input type="checkbox"/>
Postal Address		
Residential Address		
Tel No: Business/Residential		
Cell No		
E-mail		

### C. PARTICULARS FOR FOOD PREMISES/OWNER OF VEHICLE

Name of Food Premises / Business Trading Name (if any)		
Type of food premises (e.g. building, vehicle/mobile cart, stall) [Regulation 3 (1) (a)]		
Business Licence Number		
Physical Address of Food Premises (where will food be prepared and sold from?)	Building Name (if applicable)	
	Shop Number & Floor Level (if applicable)	
	Street Number & Name	
	Erf(Lot) Number	
	Suburb	
Mobile trader / Informal trader - approved site of operation		
Postal Address of Food Premises		
Physical Address (In the case of a business solely in the business of transporting perishable food on behalf of someone else)		
Registration No. of Vehicle (s) to be used for the transporting of Perishable / Prepacked Foodstuffs [Regulation 3(1)(a) and 14(6)(a)]		
Physical location/areas where perishables are transported to?		

If the following are not situated on the food premises, state the address or describe the location thereof:

	Physical Address	Location
Sanitary (latrine) facilities		
Cleaning facilities (washbasins for facilities)		
Hand-washing facilities		
Storage facilities for food / facilities		
Preparation premises		

**D. FOOD CATEGORY**

List and describe the food items or the nature or type of food involved.


**E. QUANTITIES OF FOOD TO BE HANDLED**

Indicate envisaged production output or number of persons to be catered for.

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**F. NATURE OF HANDLING**

List and describe what your activities will entail (e.g. preparation or packing and processing)


**G. STAFF**

Number of persons employed or to be employed.

Males		Females		Total	
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**H. PARTICULARS OF EXEMPTION BEING APPLIED FOR (Regulation 14 (1))**


**I. PLAN OF PREMISES (where applicable)**

Attach to this application, a lay out plan of the premises, drawn on scale 1:50, which indicates the designation of the various areas and position of all equipment.

**J. DECLARATION:**

I declare that the abovementioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation and undertake to comply with this undertaking. [Regulation 3(5)C]

The evaluation and the issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health Practitioner.

Should conditions change as set out in Regulations 3 (5) – (10), I am bound to re-apply for the premises to be re-evaluated for acceptability under these regulations.

Date of Application: \_\_\_\_\_

Signature of Person in charge: \_\_\_\_\_

Signature of Owner (if not person in charge): \_\_\_\_\_

**K. BANKING DETAILS:**

BANK NAME: **STANDARD BANK**  
BRANCH NAME: **PORT SHEPSTONE**  
BRANCH CODE: **051001**  
ACCOUNT NUMBER: **053299833**  
REFERENCE NUMBER: **60282598**  
AMOUNT: **R230.00**

**L. FOR OFFICIAL USE:**

NAME OF EHP: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

APPLICATION APPROVED: YES ☐ NO ☐

SUPPORTING DOCUMENTS ATTACHED: YES ☐ NO ☐

SIGNATURE OF EHP: \_\_\_\_\_

ENDORSED BY SUPERVISOR: \_\_\_\_\_

DATE ENDORSED \_\_\_\_\_

SIGNATURE OF SUPERVISOR \_\_\_\_\_