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| Please use this form to notify Kaipara District Council (KDC) of changes to the scope, operation and or location of your business with you are registered with KDC. If your business is registered with the Ministry of Primary Industries (MPI), please contact them directly, even if KDC is your verifier. | | | | | | | | | | | | | |
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| **1. Business Details (everyone must complete this section)** | | | | | | | | | | | | | |
| **Legal name of operator:**  (as it appears on certificate) | | | | | | | (Enter legal name of operator) | | | | | | |
| **Trading name:**  (if different to legal name) | | | | | | | (Enter trading name) | | | | | | |
| **Registration N°:** | | | | | | | (Enter registration N°) | | | | | | |
|  | | | | | | |  | | | | | | |
| **2. Change of Operator’s Address and Contact Details:** | | | | | | | | | | | | | |
| **Postal Address:** | | | | | | | | | | | **Physical Address:** | | |
| **Address:** | | | (Enter postal address) | | | | | | | | **Address:** | (Enter physical address) | |
| **Town:** | | | (Enter town details) | | | | | | | | **Town:** | (Enter town details) | |
| **Postcode:** | | | (Enter postcode) | | | | | | | | **Postcode:** | (Enter postcode) | |
|  | | | This address is a private dwelling house and I wish to be withheld from the public register | | | | | | | |  | This address is a private dwelling house and I wish to be withheld from the public register | |
|  | | | | | | | | | | |  | | |
| **3. Change of Contact Person Details:** | | | | | | | | | | | | | |
| **Mobile Phone N°:** | | | | | (Enter mobile phone) | | | | **Premises Phone N°:** | | | | (Enter premises phone) |
| **Email address:** | | | | | (Enter email address) | | | | | | | | |
|  | | | | | | Tick to consent to being sent information and notifications electronically as required. | | | | | | | |
| **Day to day Manager’s name:** | | | | | | | | (Enter day to day manager’s name) | | | | | |
|  | | | | | | |  | | | | | | |
| **4. Seeking a Voluntary Suspension:** | | | | | | | | | | | | | |
| Businesses operating a registered Risk Based Measure (RBM) may voluntarily suspend their operation under section 64 or 92 of the Food Act 2014. The minimum period you can apply to suspend your registration for is three (3) months. The maximum period is 12 months. | | | | | | | | | | | | | |
| I wish to suspend my registration between the period | | | | | | | | | | | | | |
| **Start Date:** | | | | (Select Date) | | | | | | | **End Date:** | | (Select Date) |
|  | | | | | | | | | | (\*\* leave blank if unknown at this time. The time will automatically cease to be in effect after 12 months has elapsed) | | | |
|  | | | | | | | | | | | | | |
| **5. Cancellation:** | | | | | | | | | | | | | |
| I intend to cease trading and wish to surrender my registration:  **(Enclose your certificate of registration with this form)** | | | | | | | | | | | | | (Select Date)  Effective from (date) |
| **6. Changes to the Scope of Operations:** | | | | | | | | | | | | | |
|  | | I have attached an up to date completed scope of operations form, clearly indicating the areas I have added, or deleted from my previous scope. | | | | | | | | | | | |
|  | | I have attached a written description that clearly indicates the business operations, including the foods I make and sell, how I make food and how and where I sell my products. | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |
| **7. Other Changes:** | | | | | | | | | | | | | |
| (Enter details of other changes) | | | | | | | | | | | | | |
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| **Have you made the following changes:** | | | | | | | | | | | | | |
| 1. | An amendment to the physical location of the food business identified in the RBM or the home base of a mobile food business. | | | | | | | | | | | | |
| 2. | A change of scope of the operation that may affect the safety or suitability of the food you produce or trade (e.g. major alterations to the facilities or equipment, or changes to the business organisation such as a merger of two businesses or a reorganisation.) | | | | | | | | | | | | |
| 3. | An amendment to the RBM that may impact the safety and suitability of food, including any hazards that may arise. | | | | | | | | | | | | |
| 4. | Added a new place of business to an existing registration to create a multi-site operation. | | | | | | | | | | | | |
| Provide any details of the changes on a separate sheet if not enough space is provided within this form:  (Enter details of changes) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |
| **8. Authorisation to Sign: (this section must be completed)** | | | | | | | | | | | | | |
| I confirm that I am authorised to make this application as a person with legal authority on behalf of the owner. The information supplied in this application is truthful and accurate to the best of my knowledge. | | | | | | | | | | | | | |
| Name: | | | | (Enter Name) | | | | | | | Job Title: | | (Enter Job Title) |

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| --- | --- | --- | --- |
| Signature: |  | Date: | (Select Date) |

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| Collection of Personal Information  All information provided to Kaipara District Council on these forms is official information and may be subject to a request under the Local Government Official Information and Meetings Act (LGOIMA) 1987. If a request is made under the LGOIMA 1987 for any information you have provided on this form, Kaipara District Council must consider any such request under its obligations under the LGOIMA 1987, and any other applicable legislation. | | |