**APPLICATION FOR CHANGE OF REGISTRATION INFORMATION**

Food Business – Single Site

Send or deliver your application to:

Food Licensing Officer

Kapiti Coast District Council

Private Bag 60601 Paraparaumu 5254

175 Rimu Road, Paraparaumu 5032

Telephone (04) 296 4700, Toll Free: 0800 486 486

Email to: [food@kapiticoast.govt.nz](mailto:food@kapiticoast.govt.nz)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Trading Name:** | | | | | | | | | | |
| **Current KCDC Registration ID** e.g. KCD000111 | | | | | | | | | | |
| Enter current registration ID number below: | | | | | | | | | | |
| KCD | | | | | | FP Number | | | | |
| **I wish to change the following registration details:** | | | | | | | | | | |
| **Change Category** (Tick the appropriate box below) | | | | | | | | | | |
| **Section 1:** Change in operator details | | | | |  | **Section 4:** Other change | | | |  |
| **Section 2:** Change of verification agency | | | | |  | **Section 5:** Applicant statement | | | |  |
| **Section 3:** Change of scope of operations | | | | |  |  | | | |  |
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| **Section 1: Change in Operator Details**  *Complete only the parts that have changed. Enter the details of the person who is either the owner or person in charge of the food business* | | | | | | | | | | |
| Legal Name(s) - of Operator (e.g. registered company, partnership or individual) | | | *I have attached a copy of the company name registration from the new Zealand Companies Office*  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | | | | | | | |
| New Zealand Business Number (NZBN) | | |  | | | | | | | |
| Trading Name, if any (i.e. Trading As): | | | *Same as the legal name above*  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | | | | | | | |
| **Change of Contact Details**  *The contact person details entered below will be used for communications such as sending approval documents and renewal reminders Contact KCDC if the details change.* | | | | | | | | | | |
| Mobile Telephone Number | | |  | | | Other Telephone Number | | |  | |
| Email | | | By entering an email address, you consent to being sent information and notifications electronically. If required. | | | | | | | |
| Operator day-to-day manager name and position | | | Name:  Position: | | | | | | | |
| **Section 2: Change of Verification Agency** | | | | | | | | | | |
| Name of New verification Agency  *KCDC may contact your verification agency directly to clarify any issues related to your registration.* | | | | *I have attached a copy of the letter confirming my nominated verification agency will provide verification services for my registration.*  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | | | | | | |
|  | The current recognised agency responsible for verification activities has been informed of the intention to change agencies; and | | | | | | | | | |
|  | An agreement has been made with the new recognised agency to allow them to undertake verification function in respect of the registered food control plan; and | | | | | | | | | |
|  | There are no outstanding corrective actions under the current recognised agency contracted to verify this risk management programme; OR | | | | | | | | | |
|  | Agreement has been obtained from the recognised agency concerned and/or KCDC to allow the transfer of any outstanding corrective actions; and | | | | | | | | | |
|  | Agreement has been reached between the recognised agency concerned in respect of the transfer of any information and associated files directly relating to verification activities undertaken prior to the change. | | | | | | | | | |
| **Section 3: Change of Scope of Operations**  This combines the type of food you produce, the nature of your business, the trading operations you carry out, and the processes you use to produce your food. Guidance for your scope of operations is available online at:  <https://www.mpi.govt.nz/food-safety/food-act-2014/forms-and-templates/> Forms & templates, Scope of Operations. | | | | | | | | | | |
|  | A description of my updated business operations is attached, with: | | | | | | | | | |
|  | The Food Act sectors I will operate in – for example, retail, food service, manufacturing | | | | | | | | | |
|  | My products – the type of food I will make or sell | | | | | | | | | |
|  | Processes – how I will make my food | | | | | | | | | |
|  | Trading operations – how and where I will sell my products | | | | | | | | | |
|  | | | | | | | | | | |
|  | The change of scope of operations means I am now under a different level of National Programme. My new level is (tick one): | | | | | | | | | |
|  | National Programme Level 3 | | | | | | | | | |
|  | National Programme Level 2 | | | | | | | | | |
|  | National Programme Level 1 | | | | | | | | | |
| **NOTE: if the change in your scope of operations results in a change to your registration type from a national programme to a food control plan, you will need to complete a new application form for registration of a food control plan (contact Kapiti Coast District Council). If your application to register a food control plan is successful you will then need to surrender your registration under the national programme.** | | | | | | | | | | |
| **Section 4: Other Changes**  *If your change is not on the list, describe it here. Attach additional pages if necessary.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **Section 5: Applicant Statement**  *Complete for all applications* | | | | | | | | | | |
| I confirm that:   1. I am authorised to complete this form as the operator or a person with legal authority to act on behalf of the operator; and 2. The information supplied in this form 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 | | | | | | | | | | |
| Name | |  | | | | | Job Title |  | | |
| Signature | |  | | | | | Date |  | | |