



1. Current registration details

1a. Provide your current registration number below:

1b. Legal name/trading name:

1c. Owner's name (of the food business):

1d. Current postal address:

2. Reason for amendment

Indicate below the category for which you are applying for an amendment.

- 2a. Change of scope of operations. Complete sections 6 and 12.
- 2b. Change the details of a multiple site. Complete sections 10 and 12.
- 2c. Change of trading name. Complete sections 8 and 12.
- 2d. Voluntary suspension. Complete sections 4 and 12.
- 2e. Surrender. Complete sections 3 and 12.
- 2f. Change of verification agency. Complete sections 5 and 12.
- 2g. Other changes e.g. day-to-day manager. Complete sections 9 and 12.
- 2h. Change of postal address / email address / contact numbers. Complete sections 7 and 12.

3. Surrender of registration of a food business

Surrender of registration of a food business under a National Programme or a Food Control Plan.

3a. I wish to surrender the registration referred to at 1. above.

3b. State the date of surrender below:

Please complete section 12.

Ensure you notify your nominated verification agency of the surrender of your registration.

4. Voluntary suspension

Businesses registered under a National Programme or a Food Control Plan may voluntarily suspend their registration for a minimum of three months and a maximum of 12 months.

4a. Please state below the commencement date and the end date to which the voluntary suspension is applied for:

Commencement date

End date

Please turn over

OFFICE USE ONLY

Date received	<input type="text"/>
Time received	<input type="text"/>
Received by	<input type="text"/>

Applicant #	<input type="text"/>
Legal name #	<input type="text"/>
Trading name #	<input type="text"/>
Property #	<input type="text"/>

Registration #	<input type="text"/>
Application #	<input type="text"/>
Document #	<input type="text"/>
Amount paid	\$ <input type="text"/>

4. Voluntary suspension - continued

4b. Indicate below the scope of the suspension:

- All operations, or
 Certain operations as described below (or listed in attached additional pages):

Please complete section 12.

5. Change of verification agency

5a. Name of new verification agency

5b. I have attached a copy of the letter confirming my nominated verification agency will provide verification services for my registration, if not NPDC.

Please complete section 12.

6. Change to scope of operations

6a. I have attached a completed Scope of operations form providing a description of how my business scope of operations has changed (clearly mark additions and/or deletions).

Note that if the change in your scope of operations results in a change to your current registration type from a National Programme or a Food Control Plan or vice versa, you will need to complete a new Application for registration of a food business form. If your application to register a new National Programme or a Food Control Plan is successful you will then need to surrender your current registration.

You will know which type of registration is appropriate for your application once you have completed the 'My food rules' tool on the MPI website <https://www.mpi.govt.nz/food-business/food-safety-rules/> or relevant scope of operation.

Please complete section 12.

7. Change of contact details

7a. New postal address

7b. New email address

7c. New contact number(s)

Please complete section 12.

8. Change of trading name

8a. Existing trading name

8b. New trading name

Please complete section 12.

9. Other changes

9a. Please provide details of any other changes, e.g. change of day-to-day manager.

Please complete section 12.

10. Multiple address details

Legal name(s) of site operator (e.g. registered company, partnership or individual) (Tick the box to confirm the company registration certificate is attached for any limited liability companies.)	New Zealand Business Number (where applicable)	Site trading name, if any (i.e. 'trading as')	Street/physical address (location of actual place) (Tick the box if you wish the address to be withheld from the public register because it is a private dwelling/house)	Vehicle registration numbers (for mobile businesses only)	Site day-to-day manager position	Tick as applicable
e.g. ABC Foods Ltd <input checked="" type="checkbox"/>		e.g. Yummy CakesRUs, Wellington store <input checked="" type="checkbox"/>	e.g. 123 Cakes Road, Faketown 1234 <input checked="" type="checkbox"/>		e.g. Store manager	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/> Same as legal name	<input type="checkbox"/>			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change Date effective: _____
<input type="checkbox"/>		<input type="checkbox"/> Same as legal name	<input type="checkbox"/>			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change Date effective: _____
<input type="checkbox"/>		<input type="checkbox"/> Same as legal name	<input type="checkbox"/>			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change Date effective: _____
<input type="checkbox"/>		<input type="checkbox"/> Same as legal name	<input type="checkbox"/>			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change Date effective: _____

11. Collection of information and Conflict of interest

Collection of personal information

Pursuant to Principle 3 of the Privacy Act 2020, NPDC advises that this information is being collected for the purpose of registering under the Food Act 2014. The agencies that will collect and hold the information are MPI, PO Box 2526, Wellington 6140 and NPDC, Private Bag 2025, New Plymouth 4340. Some of the information collected will be displayed on a public register and the collection of information is authorised under section 53 or section 83 of the Food Act 2014, whichever applies. The provision of this information is necessary in order to process an application for registration under either section 53 or section 83.

The supply of this information is voluntary, however, failure to provide the requested information is likely to result in this application form being returned to the applicant and may ultimately result in a refusal to register, in accordance with section 54 and 57 or section 84 and 87, of the Food Act 2014, whichever applies. Under Principles 6 and 7 of the Privacy Act 2020, you have the right of access to, and correction of, any personal information that you have provided.

Collection of official information

All information provided to MPI and NPDC is official information and may be subject to a request made under the Local Government Official Information and Meetings Act 1987. If a request is made under that Act for information you have provided in this application, MPI and NPDC must consider any such request in accordance with its obligations under the Local Government Official Information and Meetings Act 1987 and any other applicable legislation.

Conflict of interest

The Registration Authority/Recognised Agency will mitigate and record any actual, potential or perceived conflict of interest there may be with a food business.

12. Applicant's declaration

I confirm that I am authorised to make this application as the owner or as a person with legal authority to act on behalf of the owner and the information supplied in this application is truthful and accurate to the best of my knowledge and belief.

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 any kind (whether in New Zealand or elsewhere) that are regulated under the Food Act 2014.

I also confirm that I am 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 able to comply with the requirements of the Food Act 2014.

I understand that NPDC will send all invoices and refunds for fees to me (the owner/applicant) and I will be responsible for, and indemnify NPDC in respect of, the payment of all fees in connection with this application. I further understand that all correspondence related to the application will be sent to me.

First names	<input type="text"/>	Surname	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Place where dated and signed, e.g. New Plymouth			

13. Documentation required and final check

Please ensure you have:

- Attached a letter from your new verification agency, if applicable.
- Provided a copy of a new, completed Scope of operations form, if applicable.
- Completed section 10 if your application advises of changes to multiple address details.
- Read and signed the Applicant's Declaration?