

## Application Form FA40

### Registration of a business under a Section 40 Template Food Control Plan

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#### Before you start, let's check that you have everything you need:

- A copy of the confirmation of your eligibility to use a section 40 template (where required – see section 3 of this form). Approved section 40 templates can be found at: [www.mpi.govt.nz/food-safety/food-act-2014/](http://www.mpi.govt.nz/food-safety/food-act-2014/), "Template food control plans".
- A copy of site plan(s) for your business locations.
- The completed scope of operations document that fits your business. Find more information, and a form to fill in, by visiting [www.mpi.govt.nz/food-safety/food-act-2014/](http://www.mpi.govt.nz/food-safety/food-act-2014/), Forms & templates, Scope of Operations.
- A copy of the confirmation letter from your verifier, where available. See section 3 for verifier criteria. A list of recognised verification agencies can be found here: [www.mpi.govt.nz/food-safety/food-act-2014/](http://www.mpi.govt.nz/food-safety/food-act-2014/), Registers & lists.
- If your business is a registered limited liability company, a copy of the company registration certificate and your new New Zealand Business Number (NZBN). See [www.companies.govt.nz](http://www.companies.govt.nz)
- If your business is a multi-site operation, registration information for every address. Multi-site means there is more than one address where food is traded, and you would like to register all these sites under one application. A spreadsheet for multiple sites attached to your application is acceptable, see link below for a spreadsheet you can use [www.mpi.govt.nz/dmsdocument/21542-template-spreadsheet-for-multi-site-addresses](http://www.mpi.govt.nz/dmsdocument/21542-template-spreadsheet-for-multi-site-addresses). You need to make sure you can confirm that every operator of the food businesses covered by the FCP 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.
- If you were registered with either MPI or your local council before 1 March 2016, make sure you have your previous registration IDs on hand. These are IDs such as *FSA-JBIP-12345* or *WEBB-12345*.
- Your application fee of \$194.06 (incl. GST). In addition to the application fee, an assessment fee based on an hourly rate of \$155.25 per hour and \$38.81 per quarter hour (incl. GST) may be charged in instances where applications take longer than expected.

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#### Read these notes before you start filling out the form

- This form must be used when applying to MPI for registration of a business under an approved section 40 template FCP under the Food Act 2014. Information provided may be included on the public register. However you can ask for certain personal information to be withheld from the published register. We will tell you where you can choose that option. You can view the public register here: <http://mpiportal.force.com/publicregister>
- Send the completed application form together with other requirements to MPI at the above address. We prefer email files. Processing time is up to 20 working days from the time we determine that your application is complete.
- A hand icon is used when you need to make a decision. The question will help you decide whether you need to complete a particular section.
- Throughout this form you will need to tick boxes that look like this: ☐. A checked box indicates a 'yes' answer.
- If there are any changes to the details provided in this application after the application has been sent to MPI, you must promptly inform us of the changes in writing.

## Application Form FA40

### Registration of a business under a Section 40 Template Food Control Plan

Processing time is up to 20 working days from the time we determine that your application is complete.



**Question 1: Prior to today, were you registered as a food business with MPI or your local council?**

- ☐ Yes → Complete Section 1.  
☐ No → Go straight to Section 2.

<b>Section 1. Previous registration IDs</b> <i>If you were registered as a food business with MPI or your local council before today, enter your current registration ID number or numbers.</i>
Any previous registration ID number(s), e.g. FSA-JBIP-12345 or WEBB-12345. Add additional lines if necessary.

<b>Section 2. Operator Details</b> <i>Enter the details of the person who is either the owner or person in control of the food business. If your registration will apply to more than one food business, the operator is the person responsible for implementing the food control plan.</i>						
<table border="1"> <tr> <td>Legal Name(s) of Operator (e.g. registered company, partnership or individual):</td> <td></td> </tr> <tr> <td>New Zealand Business Number (NZBN)</td> <td>For more information about NZBNs, see <a href="http://www.nzbn.govt.nz">www.nzbn.govt.nz</a></td> </tr> <tr> <td>Trading Name, if any (i.e. 'Trading As'):</td> <td> <input type="checkbox"/> Same as legal name above         </td> </tr> </table>	Legal Name(s) of Operator (e.g. registered company, partnership or individual):		New Zealand Business Number (NZBN)	For more information about NZBNs, see <a href="http://www.nzbn.govt.nz">www.nzbn.govt.nz</a>	Trading Name, if any (i.e. 'Trading As'):	<input type="checkbox"/> Same as legal name above
Legal Name(s) of Operator (e.g. registered company, partnership or individual):						
New Zealand Business Number (NZBN)	For more information about NZBNs, see <a href="http://www.nzbn.govt.nz">www.nzbn.govt.nz</a>					
Trading Name, if any (i.e. 'Trading As'):	<input type="checkbox"/> Same as legal name above					

<b>Operator Address and Contact Details</b> <i>You must provide this information to be registered. However, if the address is a dwellinghouse, you may ask that the address is withheld from the public register by ticking the box below.</i>	
<b>Postal Address</b>	<b>Physical / Courier Address (if different to Postal Address)</b>
Address:  Town/City:  Postcode:  Country:  <input type="checkbox"/> This address is a private dwelling house and I wish it to be withheld from the public register.	Address:  Town/City:  Postcode:  Country: New Zealand  <input type="checkbox"/> This address is a private dwelling house and I wish it to be withheld from the public register.

<b>Local Authority (Council)</b> <i>This is the council for the region of the physical address above</i>			
<b>Contact Person Details</b> <i>The contact person details entered below will be used for communications about your registration, such as sending approval documents and renewal reminders. Contact MPI if the details change.</i>			
<b>Mobile telephone no.</b>		<b>Other telephone no.</b>	
<b>Email</b>	By entering an email address you consent to being sent information and notifications electronically, if required.		
<b>Operator day-to-day manager name and position</b>	Name:  Position:		

<b>Section 3. Section 40 Template Type and Document Attachment Requirements</b> <i>Tick <b>one</b> of the following approved template types, and attach the required documents when you apply to MPI. A Scope of Operations form is available online at <a href="http://www.mpi.govt.nz/food-safety/food-act-2014/requirements/">www.mpi.govt.nz/food-safety/food-act-2014/requirements/</a></i>	
<input type="checkbox"/> Baking Industry Association New Zealand (BIANZ-s40-0001)	<input type="checkbox"/> BIANZ membership confirmation attached <input type="checkbox"/> Copy of a letter/email attached from a custom FCP Verification Agency(ies) confirming they will provide verification services <input type="checkbox"/> A copy of site plan(s) attached for your business locations <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations.
<input type="checkbox"/> Lone Star/Joe's Garage (LoneStar-s40-0002)	<input type="checkbox"/> Lone Star/Joe's Garage franchisee confirmation <input type="checkbox"/> Copy of a letter/email from a template FCP Verification Agency(ies) confirming they will provide verification services <input type="checkbox"/> A copy of site plan(s) for your business locations <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations.
<input type="checkbox"/> Care Association of New Zealand (CANZ-s40-0003)	<input type="checkbox"/> CANZ membership confirmation or CANZ authorisation for use <input type="checkbox"/> A copy of site plan(s) for your business locations <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations. <input type="checkbox"/> Copy of a letter/email attached from a Verification Agency(ies) recognised to verify template food control plans
<input type="checkbox"/> New Zealand Aged Care Association (NZACA-s40-0004)	<input type="checkbox"/> NZACA membership confirmation <input type="checkbox"/> A copy of site plan(s) for your business locations <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations. <input type="checkbox"/> Copy of a letter/email attached from a Verification Agency(ies) recognised to verify template food control plans
<input type="checkbox"/> New Zealand Good Agricultural Practice (NZGAP-s40-0005)*	<input type="checkbox"/> Confirmation of NZGAP certification, or authorisation by Horticulture Zealand <input type="checkbox"/> Copy of a letter/email attached from a Verification Agency(ies) recognised to verify template food control plans for horticultural businesses <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations.
* template may only be used for horticulture production and packing operations of crops that are produced in New Zealand for sale	



<input type="checkbox"/> GLOBALGAP Standard (GLOBALGAP-s40-0006)* <div style="margin-left: 20px;"> <input type="checkbox"/> Confirmation of GLOBALGAP certification, or authorisation by GLOBALGAP  <input type="checkbox"/> Copy of a letter/email attached from a Verification Agency(ies) recognised to verify template food control plans for horticultural businesses   <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations.         </div> <p><small>** template may only be used for growing, harvesting, sorting, grading and undertaking minimal processing of horticultural produce activities at a horticultural business</small></p>
<input type="checkbox"/> British Retail Consortium (BRC) for Horticultural Operators (BRC-s40-0007)*** <div style="margin-left: 20px;"> <input type="checkbox"/> Confirmation of BRC certification, or authorisation by BRC  <input type="checkbox"/> Copy of a letter/email attached from a Verification Agency(ies) recognised to verify template food control plans for horticultural businesses   <input type="checkbox"/> A completed Scope of Operations form providing a description of your packhouse and/or coldstore activities.         </div> <p><small>*** The template may only be used for crops that are produced in New Zealand for sale</small></p>
<input type="checkbox"/> Bunnings New Zealand Limited (Bunnings-s40-0008) <div style="margin-left: 20px;"> <input type="checkbox"/> Copy of a letter/email attached from a custom FCP or template FCP Verification Agency(ies) confirming they will provide verification services  <input type="checkbox"/> A copy of site plan(s) for your business locations         </div>
<input type="checkbox"/> OrganicFarmNZ (OFNZ-s40-0009) <div style="margin-left: 20px;"> <input type="checkbox"/> Confirmation of OrganicFarmNZ certification, or authorisation by OrganicFarmNZ  <input type="checkbox"/> Copy of a letter/email attached from a Verification Agency(ies) recognised to verify template food control plans for horticultural businesses  <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations.         </div>
<input type="checkbox"/> Ministry of Education Food Control Plan for Free and Healthy School Lunches Programme (MOE-s40-0010) <div style="margin-left: 20px;"> <input type="checkbox"/> Confirmation of involvement with Ministry of Education Free and Healthy School Lunches Programme  <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations  <input type="checkbox"/> A copy of site plan(s) for your business locations  <input type="checkbox"/> Copy of a letter/email attached from a template FCP Verification Agency(ies).         </div>
<input type="checkbox"/> Sushi Sushi Operations Limited (SUSHISUSHI-s40-0012) <div style="margin-left: 20px;"> <input type="checkbox"/> Copy of a letter/email attached from a template FCP Verification Agency(ies).  <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations.  <input type="checkbox"/> A copy of site plan(s) for your business locations.         </div>
<input type="checkbox"/> New Zealand Defence Force (NZDF-s40-0013) <div style="margin-left: 20px;"> <input type="checkbox"/> Copy of a letter/email attached from a template FCP Verification Agency(ies).  <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations.  <input type="checkbox"/> A copy of site plan(s) for your business locations.         </div>
<input type="checkbox"/> NZ Lavender Growers Association (NZLGA-s40-0014) <div style="margin-left: 20px;"> <input type="checkbox"/> Copy of a letter/email attached from a template FCP Verification Agency(ies).  <input type="checkbox"/> A completed Scope of Operations form providing a description of your business operations.  <input type="checkbox"/> A copy of site plan(s) for your business locations.         </div>



**Question 2: Does your application relate to more than one site where food is traded, and would you like to register all those sites under one application?**

- ☐ Yes → Go straight to Section 4.
- ☐ No → Go straight to Section 5.

## Section 4. Multiple Address Details

*Include all addresses where food is handled. If you already included a food handling site address in Section 2, repeat it here. Add additional rows as necessary or attach a file (e.g. spreadsheet) to application email with all of the information required below.*

[illegible]

**Section 5. Applicant Statement**

*Complete for all applications. We accept PDF or scanned versions of signatures.*

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. 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
4. The operator of the food business is able to comply with the requirements of the Food Act 2014.

<b>Name</b>		<b>Job Title</b>	
<b>Signature</b>		<b>Date</b>	

**Question 3: Have you completed Section 4 Multiple Address Details?**

- ☐ Yes → Complete Section 6.
- ☐ No → Go straight to Section 7.

**Section 6. Multi-Site Food Control Plans - Applicant Statement**

*We accept PDF or scanned versions of signatures.*

I confirm that:

1. I am authorised to make this application on behalf of the operators listed in Section 4; and
2. Every operator of the food businesses covered by the Food Control Plan 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
3. Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014.

<b>Name</b>		<b>Job Title</b>	
<b>Signature</b>		<b>Date</b>	

<b>Section 7. MPI Service Charge</b>						
<b>ON PAYMENT THIS BECOMES A TAX INVOICE    GST No: 64-558-838</b>						
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Section 40 FCP Registration</td> <td style="padding: 5px;">1.25 hours</td> <td style="padding: 5px;">\$194.06</td> </tr> </table>				Section 40 FCP Registration	1.25 hours	\$194.06
Section 40 FCP Registration	1.25 hours	\$194.06				
<p>Note: In addition to the application fee above, an assessment time fee based on an hourly rate of \$155.25 per hour and \$38.81 per part hour (incl. GST) may be charged in instances where applications take longer than expected to process.</p> <p><b>PAYMENT OPTIONS:</b> Payments comprising multiple fees must be supported by a remittance advice. Attach your payment confirmation to this application or send it separately to: <b>approvals@mpi.govt.nz</b></p> <p><b>MPI does not accept cash.</b> Payment must be made using <b>credit/debit card or direct credit</b>. Please tick and fill in the appropriate section.</p>						
<p><input type="checkbox"/> <b>CREDIT CARD:</b></p> <p>1. To pay by credit card (Visa or MasterCard) go to <a href="https://www.mpi.govt.nz/food-safety/payments">https://www.mpi.govt.nz/food-safety/payments</a> and follow the instructions.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I have attached my credit card payment receipt</p>						
<p><input type="checkbox"/> <b>DIRECT CREDIT:</b></p> <p>1. Pay into Bank Account no. <b>03 0049 0001709 002</b></p> <p>2. In the 'Reference' details, put the code: <b>'Food Act {your Company name}'</b></p> <p>3. Enter the date of deposit and your name (payer) below.</p>						
<b>Date of Deposit</b>		<b>Your Name (Payer)</b>				

<b>Section 8. Final Check and Document Package to send to MPI</b>
<p>Have you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> filled this form in completely and legibly?</li> <li><input type="checkbox"/> attached site plan(s)?</li> <li><input type="checkbox"/> attached a letter from your verification agency? (where applicable)</li> <li><input type="checkbox"/> attached confirmation of your membership or eligibility to use the template (if applicable)?</li> <li><input type="checkbox"/> attached completed the scope of operations document?</li> <li><input type="checkbox"/> read and signed the Applicant Statement?</li> <li><input type="checkbox"/> completed Section 4 and the Multi-Site Applicant Statement if your application applies to more than one site?</li> </ul>

## Collection of Information

### Collection of Personal Information

Pursuant to Principle 3 of the Privacy Act 2020, we advise that:

- This information is being collected for the purpose of registering under the Food Act 2014; and
- The recipient of this information, which is the agency that will collect and hold the information, is the Ministry for Primary Industries, PO Box 2526, Wellington 6140; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 53 of the Food Act 2014, which ever applies. The provision of this information is necessary in order to process an application for registration under either section 53; and
- The supply of this information is voluntary; and
- Failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to register, in accordance with section 54 of the Food Act 2014; and
- 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 the Ministry for Primary Industries is official information and may be subject to a request made under the Official Information Act 1982.

If a request is made under that Act for information you have provided in this application, the Ministry for Primary Industries must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation.