

THIS FORM MUST BE USED WHEN:

- Applying for registration of a **significantly amended** Food Control Plan (FCP) under section 45 or 46 of the Food Act 2014; such as adding a new place of food business, or a change to the scope of the FCP that may have an effect on the safety and suitability of food; or,
- Notifying of a **non-significantly (minor) amended FCP** under section 45 or 46 of the Food Act 2014, such as a change in a type of food that is similar to an existing type of food identified in the FCP; or
- Notifying of a **significant change in circumstances of an FCP** under section 51 of the Food Act 2014; or
- Notifying of a **voluntary suspension of a registered FCP** under section 64 of the Food Act 2014; or
- Notifying of a **surrender of registration of an FCP** under section 71 of the Food Act 2014.

For a new owner of an existing business please complete a new Application

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

- Your current **QLDC registration ID** on hand.
- A copy of any **new or changed site plans**
- If the change relates to your scope of operations, a **description of how your business scope of operations has changed** (clearly marked additions and/or deletions).
- If you are changing your verification agency, a copy of the **confirmation letter from your new verification agency**.
- If your business has changed name, and is a registered limited liability company, a copy of the **new company registration certificate**, and your New Zealand Business Number (NZBN).
- If you are altering, changing, adding, or removing addresses where food is handled, you need to make sure you have the **address information**. A spreadsheet of the site's information attached to your application is acceptable.
- For applications for registration of significantly amended FCPs you will need to submit documentation to confirm the **details of the significant changes to your FCP**.

What will happen next?

The changes will be assessed and if no further information is required the registration will be updated. If any details submitted affect the scope of operation, risk category or verification date or frequency we will be in touch.

Please note changes made to registrations details may be subject to a \$72.50 fee.

Once an Environmental Health Officer reviews the application an invoice will be sent via email.

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SECTION 1: CURRENT QLDC REGISTRATION ID

Please provide your Current QLDC Registration ID below and then continue to section 2.

Current QLDC Registration ID

(Complete in all Cases)

Click here to enter current registration number e.g. QLD001234

SECTION 2: CHANGES TO REGISTRATION DETAILS

- YES** – Please provide details of all applicable changes in the following section 2a-2e.
- NO** – Go straight to section 3

SECTION 2a: Change of Operator Details If there is a change of ownership a new registration form must be completed.

(Complete only the details that have changed within Part 1, Part 2 and Part 3)

Part 1: Change of Trading Site Details

**Legal Name(s) of Operator
(e.g., registered company,
partnership or individual):**

Current Operating Name: Click here to enter your text

New Operator Name: Click here to enter your text

**New Zealand Business
Number (NZBN)**

Click here to enter your text

Application for Changes to Food Control Plan

Trading Name, if any (i.e., 'Trading As'):	<i>Current Trading Name:</i> Click here to enter your text <i>New Trading Name:</i> Click here to enter your text
Part 2: Change of Business Address Details <i>If the address is a dwelling house, you may ask that the address is withheld from the public register by ticking the box below.</i>	
Postal Address	Physical / Courier Address (if different to Postal Address)
Address: Click here to enter your text Town/City: Click here to enter your text Postcode: Click here to enter your text Country: Click here to enter your text <input type="checkbox"/> This address is a private dwelling and I wish it to be withheld from the public register	Address: Click here to enter your text Town/City: Click here to enter your text Postcode: Click here to enter your text Country: Click here to enter your text <input type="checkbox"/> This address is a private dwelling and I wish it to be withheld from the public register
Part 3: Updated Contact Details – Contact person, Email and Mobile Number Change: <i>Email: By entering email you consent to being sent information electronically if required</i> <i>These details must be for the authorized operator and will be used for all correspondence including appointments, reports, registration documentation, legal notices and further details required by QLDC.</i>	
Contact person	<i>Current Contact Person:</i> Click here to enter your text <i>New Contact Person:</i> Click here to enter your text
Email	<i>Current Email Address:</i> Click here to enter your text <i>New Email Address:</i> Click here to enter your text
Mobile Phone Number	<i>Current Phone Number:</i> Click here to enter your text <i>New Phone Number:</i> Click here to enter your text

SECTION 2b: Change of Verification Agency

Name of New Verification Agency(s), if you would like to now appoint QLDC to be your verifier please also complete this section: [Click here to enter your text](#)

Note: QLDC 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 (s) will provide verification services for my registration. There is no requirement to provide a letter if you have now nominated QLDC as your verifier
- The current recognized agency responsible for verification activities has been informed of the intention to change agencies: and,
- An agreement has been made with the new recognized agency to allow them to undertake verification functions in respect of the registered food control plan; No requirement to complete this section if you have allocated QLDC as your verification agency, a Contract will be issued on return of this form.
- There are no outstanding corrective actions under the current recognized agency contracted to verify this risk management program, OR
- Agreement has been obtained from the recognized agencies concerned and/or MPI to allow the transfer of any outstanding corrective actions; and
- Agreement has been reached between the recognized agencies concerned in respect to the transfer of any information and associated files directly relating to verification activities undertaken prior to the change

SECTION 2c: Change of Scope of Operations

The Scope of Operations tells us about what you do so it is important to keep us updated about any changes. A Scope of Operations form is available online at [26665-TFCP-Scope-of-Operations \(mpi.govt.nz\)](https://www.mpi.govt.nz/26665-TFCP-Scope-of-Operations)

- I have attached a completed Scope of Operations form providing a description of how my business scope of operations has changed
- I have attached a written description of how my business Scope of Operations has changed. This includes all the following:
 - The Food Act sectors I operate in – for example, retail, food service, manufacturing
 - My products – the type of food I make or sell
 - Processes – how I make my food
 - Trading Operations – how and where I sell my products

Application for Changes to Food Control Plan

SECTION 2d: Multiple Address Details for Multi-Sites

Add additional pages if necessary, or attach a file (e.g., spreadsheet) to your application email with all of the information required below. Indicate if the address is an addition, a removal, or a change to existing site. Attach site plans for any new or changed sites.

Requested Change <i>Tick as applicable</i>	Legal name (s) of site operator (e.g., registered company, partnership or individual) (Tick box to confirm company registration certificate is attached for any Limited Liability Companies)	NZ Business Number	Site trading name, if any (i.e., 'Trading As')	Street/Physical Address (location of actual place) (Tick box if you wish the address to be withheld from the public register because it is a private dwelling house)	Site day-to-day manager position	Expected Date of Opening
<i>Tick as applicable</i>	<i>E.g., ABC Foods Limited</i> <input checked="" type="checkbox"/>	<i>Where applicable</i>	<i>E.g., Yummy CakesRus, Wellington Store</i>	<i>E.g., 123 Cakes Road, Fake town 1234</i> <input checked="" type="checkbox"/>	<i>E.g., Store Manager</i>	<i>Where applicable</i>
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	Click to enter Legal name <input type="checkbox"/> Certificate Attached	Click to enter NZ Business Number	Click to enter Trading name <input type="checkbox"/> Same as legal name	Click to enter address <input type="checkbox"/> Address to be withheld from register	Click to enter manager position	Click to enter expected opening date
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	Click to enter Legal name <input type="checkbox"/> Certificate Attached	Click to enter NZ Business Number	Click to enter Trading name <input type="checkbox"/> Same as legal name	Click to enter address <input type="checkbox"/> Address to be withheld from register	Click to enter manager position	Click to enter expected opening date
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	Click to enter Legal name <input type="checkbox"/> Certificate Attached	Click to enter NZ Business Number	Click to enter Trading name <input type="checkbox"/> Same as legal name	Click to enter address <input type="checkbox"/> Address to be withheld from register	Click to enter manager position	Click to enter expected opening date
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	Click to enter Legal name <input type="checkbox"/> Certificate Attached	Click to enter NZ Business Number	Click to enter Trading name <input type="checkbox"/> Same as legal name	Click to enter address <input type="checkbox"/> Address to be withheld from register	Click to enter manager position	Click to enter expected opening date

SECTION 3 DO YOU WANT TO SURRENDER YOUR REGISTRATION?

YES – Please provide Surrender Date below

NO – Go straight to Section 4

Surrender Date

(Notification of surrender of registration of a food control plan is required under section 71 of the Food Act 2014)

I wish to surrender the registration in relation to the registration ID referred to in Section 1 as at date:

Surrender Date: [Click here to enter a date.](#)

Please complete Section 7- Notification Declaration before you send this form to QLDC

SECTION 4: DO YOU WANT TO VOLUNTARILY SUSPEND YOUR REGISTRATION?

YES – Please provide Suspension details in table below

NO – Go straight to section 5

Voluntary Suspension

Businesses operating registered food control plans may voluntarily suspend their registration for a minimum of 3 months, and a maximum of 12 months, under section 64 of the Food Act 2014. QLDC will issue confirmation of suspension

I wish to suspend the registration in relation to the registration ID referred to in Section 1 until the following date (must be a minimum of 3 months, and a maximum of 12 months):

Suspension Start Date: [Click or tap to enter a date.](#)

Suspension End Date: [Click or tap to enter a date.](#)

I wish to suspend the following operations (tick one):

All operations: or

Certain operations as described below (or attach additional pages)

[Click here to enter details of operations to be suspended](#)

Voluntary Suspension – Request to discontinue suspension or extend suspension.

Businesses operating registered food control plans may voluntarily suspend their registration for a minimum of 3 months, and a maximum of 12 months, under section 64 of the Food Act 2014. QLDC will issue confirmation of suspension

I wish to discontinue suspension and commence trading from [Click or tap to enter a date.](#)

I wish to extend the suspension to the registration in relation to the registration ID referred to in Section 1 until the following date (must be a minimum of 3 months, and a maximum of 12 months):

Suspension Start Date: [Click or tap to enter a date.](#)

Suspension Extended to: [Click or tap to enter a date.](#)

I wish to suspend the following operations (tick one):

All operations: or

Certain operations as described below (or attach additional pages)

[Click here to enter details of operations to be suspended](#)

SECTION 5: APPLICANT DECLARATION

Please read and sign the applicant declaration below:

Applicant Declaration			
<i>We accept PDF or scanned versions of signatures</i>			
I can confirm that:			
<ol style="list-style-type: none"> 1. I am authorized to make this application as the operator or a person with legal authority to act on behalf of the operator, or on behalf of the operators listed in section 1 2. The information supplied in this application is truthful and accurate to the best of my knowledge; and 3. Every operator of the food businesses covered by the Food Control Plan is a 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. Every operator of the food businesses covered by the Food Control Plan is able to comply with the requirements of the Food Act 2014. 			
Name	Click here to enter your text	Job Title	Click here to enter your text
Signature		Date	Click or tap to enter a date.

Section 6: Payments – Changes made to registration may be subject to a \$72.50 fee which will be invoiced

Payment Options: Payments comprising multiple fees must be supported by a remittance advice. Please attach your advice to this application or send it separately to: accounts@qldc.govt.nz

Tax Invoice: On review of application by an environmental health officer an invoice will be generated and emailed

SECTION 7: FINAL CHECK BEFORE YOU SUBMIT YOUR CHANGE REQUEST TO QLDC

To submit this Change Request form:

- Ensure that all applicable sections of this form have been completed. If you have any troubles downloading or filling out the Word file, please let us know
- Email the completed form, along with all supporting documentation files to environmentalhealth@qldc.govt.nz
- The Environmental health team will be in touch to confirm receipt of this change request and to verify that your changes have been accepted into our system

YES	N/A	Before emailing, please ensure you have:
<input type="checkbox"/>	<input type="checkbox"/>	Attached documentation to confirm significantly amended food control plan, if you are applying for registration of a significantly amended food control plan
<input type="checkbox"/>	<input type="checkbox"/>	Attached a letter from your new verification agency, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Attached copies of company registration certificates for any new or changed limited liability companies, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Attached a scope of operation and description of the changes to your scope of operations
<input type="checkbox"/>		Read and signed Applicant Declaration

In addition to advising QLDC of the changes to your registration please also ensure that you have updated and reviewed your Template Food Control Plan and updated any related systems and processing including your training plans.