

*For help completing this form, please contact council's Environmental Health Officer PH: 6443 8342*

**PART 1: TYPE OF APPLICATION**

- I am notifying my intention to operate a food business (s84); or
- I am applying to register a food business (s87); or
- I am applying to renew a food business' registration (s89)

**PART 2: TYPE OF BUSINESS**

- The food business is a one-off event
- The food business is an ongoing business
- The food business is mobile food business
- The food business will operate from fixed premises

**PART 3: FOOD BUSINESS PROPRIETOR'S DETAILS**

Applicant's Full Name (name of the individual or company that will carry on the food business)

  

ABN / ACN	Date of Birth (for non-ABN/ACN holders)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="...../...../....."/>

Business Address

  

Postal Address (if different from business address)

  

Business Phone Number/Mobile

  

Email Address

**PART 4: FOOD BUSINESS DETAILS**

Trading Name

  

On-site Contact (if different from applicant)	Phone number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address of Function/Event/Business (eg Food Premises address/Event Address/Function address/Mobile Business primary address)

  

Email Address (on-site contact)

  

Hours of Operation:

Monday:	Tuesday:	Wednesday:	Thursday:
Friday:	Saturday:	Sunday:	

For Mobile Food Businesses:

Vehicle registration number (if applicable):

Address where vehicle is garaged, or equipment is stored:

Proposed start date of trading **(Required)**

## PART 5: FOOD AND FOOD HANDLING ACTIVITIES

List the types of foods to be sold (please attach details if insufficient space, a menu or product list may suffice):

Types of food handling activities or processes to be used:

No Processing	<input type="checkbox"/>	Cook-chill / sous vide	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Vitamising	<input type="checkbox"/>
Cooling	<input type="checkbox"/>	Packaging / Repacking / Labelling	<input type="checkbox"/>
Reheating	<input type="checkbox"/>	Vacuum packing	<input type="checkbox"/>
Hot-holding /Cold-holding	<input type="checkbox"/>	Preparation in advance (>4 hours)	<input type="checkbox"/>
		Other (specify):	

## PART 6: FOOD BUSINESS LAYOUT – MOBILE FOOD BUSINESS

For mobile food businesses: please attach an A4 plan or photographs clearly depicting the layout of your vehicle, cart, tent, booth or other mobile structure. Refer to the *Guidelines for Mobile Food Businesses* for more information.

## PART 7: FOOD PREPARATION & STORAGE – MOBILE FOOD BUSINESS

If any food sold from a mobile food business is to be prepared and/or stored at another location not mentioned above, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space:

## PART 8: APPLICANT DECLARATION

I declare that the information provided on this form is true and correct.

I understand and agree that information on this form, and about the business and its on-going operation, may be shared between Authorised Officers, councils, and other jurisdictions to assess this application and the business' compliance with the *Food Act 2003*.

I consent to receiving communications about this application in electronic form.

Applicant Name

Applicant Signature

Date

...../...../.....

### \*NOTE

Please allow a minimum of 7 – 10 working days to process this application.