



## Food Business Registration

### Application for Registration/Renewal of a Food Business

#### PART 1: TYPE OF APPLICATION

(Tick one box only)

- ☐ I am applying for Annual Registration/Renewal;
- ☐ I am applying for a 'one off' or event specific Registration (*single or multi-day event*)  
Date(s) of event for one off registration: ...../...../..... to ...../...../.....;
- ☐ I am applying for registration for.....months (must be less than 12 months);
- ☐ I am applying for Annual State Wide Registration (Mobile Food Business); or
- ☐ I am advising for food notification (low risk, non-potentially hazardous foods only)

#### PART 2: APPLICANT & FOOD BUSINESS DETAILS

Title

Given Name/s

Family Name

Company Name

ABN / ACN

Date of Birth (for non-ABN/ACN holders)

Business Address (must be located within the boundaries of this Council for registration to be valid)

Postal Address (if different from business address)

Business Phone Number

Mobile Number

Email Address

On-site Contact

Phone number

Mobile Number

Email Address (on-site contact)

#### PART 3: FOOD BUSINESS DESCRIPTION

Trading Name and / or Stall/Van Name

Type of Mobile Structure (van, tent, marquee, trailer, etc.)

Vehicle Registration No. (if applicable)

## PART 4: FOOD BUSINESS LAYOUT (FOR MOBILE OR TEMPORARY FOOD PREMISES SELLING PHF'S)

Please attach an A4 plan or photographs clearly depicting the layout of your mobile food business as part of this application. Refer to the *Guidelines for Mobile or Temporary Food Businesses/Stalls* for more information.

## PART 5: TYPES OF FOOD TO BE SOLD

List the types of food to be sold

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## PART 6: FOOD SAFETY SKILLS AND KNOWLEDGE

(Food safety qualifications, training or experience of applicant/owner – attach details if insufficient space)

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## PART 7: FOOD PREPARATION & STORAGE

If any food sold from the mobile food business is to be prepared and/or stored at another location, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space:

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## PART 8: SALE OF RAW EGG PRODUCTS

Does your business produce or is intending to produce any raw eggs products (i.e. Mayonnaise, Ice Cream etc.)      Yes ☐      No ☐      If yes please provide details:

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## PART 8: APPLICANT DECLARATION

I declare that the information provided on this form is accurate, complete, and correct.

I understand and agree that information about this application and the businesses' on-going operations will be shared with Councils and the Department of Health and Human Services to assess this application and the businesses' compliance with the *Food Act 2003*.

I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name

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Applicant Signature

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Date

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Office Use Only

Registration Fee: \$.....Annual ☐      Set Period ☐      Single Event ☐      Multiple Events ☐

Receipt Number:.....