



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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name		
<input type="text"/>		
ABN / ACN	Date of Birth (for non-ABN/ACN holders)	
<input type="text"/>	<input type="text"/>	
Business Address (must be located within the boundaries of this Council for registration to be valid)		
<input type="text"/>		
Postal Address (if different from business address)		
<input type="text"/>		
Business Phone Number	Mobile Number	
<input type="text"/>	<input type="text"/>	
Email Address		
<input type="text"/>		
On-site Contact	Phone number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address (on-site contact)		
<input type="text"/>		

PART 3: FOOD BUSINESS DESCRIPTION

Trading Name and / or Stall/Van Name	
<input type="text"/>	
Type of Mobile Structure (van, tent, marquee, trailer, etc.)	Vehicle Registration No. (if applicable)
<input type="text"/>	<input type="text"/>

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

PART 6: FOOD SAFETY SKILLS AND KNOWLEDGE

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

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:

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:**

PART 9: FOOD SAFETY STANDARD 3.2.2A – FOOD MANAGEMENT TOOLS (IF APPLICABLE)

Has your business completed the Food Safety Standard, 3.2.2A – Food Safety Management Tools **Yes** **No**

If Yes, has a copy of the Completion Certificate been supplied to Council **Yes** **No**

If No please supply a copy of the Certificate with this application.

Failure to provide evidence of Certification (if required) may result in the Food Business application being refused.

PART 10: 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

Applicant Signature

Date

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

Office Use Only

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

Receipt Number:.....