

Food Business Notification Form Fixed Food Business Premises

Food Business proprietor (please note this should be the name of the individual/s owner of the business or the company name (not Trading name))

Owner of Business: _____

Contact Person: _____

Residential Address: _____

Postal Address: _____

Home Phone Number: _____

Mobile Number: _____

Email Address: _____

Food Business Details

Australian Business Number (ABN): _____

Trading Name of Food Business: _____

Food Business Operational Address: _____

Telephone (business hours): _____

Type of Business: _____

Type of food to be sold: _____

Food Safety Supervisor Name: _____

Food Safety Certificate No: _____ Expiry Date: _____

Number of employees: _____

Applicant signature: _____ **Date:** _____

Office Use:

Date information provided to Council: ____/____/20____

Food Premise File No: _____

Classification: Low Medium High

FSS Cert Required: Yes No

Scores on Doors: Yes No

Is this business a non-profit organisation? Yes No

Parcel No: _____ Applicant No: _____ Title: Lot ____ DP _____

Updated on Council's Food List

Checked by: _____