



## Notification of Home-Base Food Business

*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): \_\_\_\_\_

---

List the type of foods you will be making/selling:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Are you cooking less than 10kg per week:  Yes  No

***If No, you are not a Home-Based Business***

Food Safety Supervisor Certificate Required:  Yes  No

Food Safety Supervisor Certificate No (if required): \_\_\_\_\_

Selling food at the following places (enter name and address of business):  
E.g. Cowra Community Markets - Cowra Showground, Grenfell Road Cowra

1. \_\_\_\_\_

Duration of stay: Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

2. \_\_\_\_\_

Duration of stay: Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

3. \_\_\_\_\_

Duration of stay: Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

4. \_\_\_\_\_

Duration of stay: Arriving Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Type of set up:

Stall       Mobile Van

---

**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: \_\_\_\_\_