

Please print clearly in BLOCK LETTERS with a black pen.

Ensure all fields have been filled out correctly.

Please tick  the appropriate boxes.

Once your application is received a Council Officer will contact you if further information is required.

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This form is for the notification of food premises as required by the Food Act 2003. You may use this form to notify of new food premises or to make changes to notification for existing food premises.

FOOD BUSINESS NOTIFICATION FORM

### 1 Food Business proprietor details

Proprietor name

Company name (if any) Full name

Registered address  Street or PO

Town

Daytime contact details Phone  Fax

Mobile  Email

Contact name (if different from above)

### 2 Food Premises details

Business trading name

Location No. and Street

Town/Locality  Postcode

Contact details Phone  Fax

Purpose for submitting form  New premises  Change of proprietor  Ceased to trade  
 Renew current  Change of trading name  Other

If you ticked other, please provide details

Date to take effect  /  /  **Do you need confirmation of lodgement?** Yes / No (please circle)

Please contact me for credit card details (for payment of Application fee)

### 3 Business detail

Please tick  each box that relates to any business conducted at the above premises.

- Home Based Business  Bakery  Café / restaurant  Supermarket  
 Temporary/Mobile  Hotel / Motel  Other

If you ticked Other, please provide details

Number of full time equivalent (FTE) food handlers  No. of people


ABN/ACN

### Food Business Proprietor's declaration

I declare that to the best of my knowledge the information provided in this application is accurate and correct

Signature of proprietor(s)  Date  /  /

**Privacy & Personal Information Protection Notice** Purpose of collection: To register or modify a premises | Intended recipients: Council staff and approved contractors of BVSC | Supply: required for the regulation of registered premises | Access/ Correction: Council staff or Freedom of Information requests | Storage: Council's record management systems and archives

 Receipt No.  Code

Receipt date  Application fee

ABN: 26 987 935 332 Action Workflow: Food Surveillance Container No. F11/451