

Food Business Registration Form

Food Act 2003

FOOD PREMISES DETAILS					
Trading Name					
Proprietor/Company Name					
Business ABN					
Business Address					
Suburb		Postcode		State	
Phone Number					
Email Address					
Trading Hours		<input type="checkbox"/> Day time <input type="checkbox"/> Day and night-time <input type="checkbox"/> Night-time only (open 5pm or later)			
PROPRIETOR DETAILS					
Title		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> other _____			
Given Name/s					
Family Name					
Business Contact Person (if different from above)					
Postal Address (all correspondence will be sent to this address)					
Mobile Number		Home Number			
Email Address					
TYPE OF FOOD BUSINESS (please tick ✓ where applicable)					
<input type="checkbox"/> Bakery	<input type="checkbox"/> Club/Pub/Hotel	<input type="checkbox"/> School canteen			
<input type="checkbox"/> Cafe	<input type="checkbox"/> Coffee shop	<input type="checkbox"/> Childcare centre			
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Service station	<input type="checkbox"/> Mixed business			
<input type="checkbox"/> Take-away	<input type="checkbox"/> Green grocer	<input type="checkbox"/> Supermarket			
<input type="checkbox"/> Function centre	<input type="checkbox"/> Deli	<input type="checkbox"/> Juice bar			
<input type="checkbox"/> Mobile Food Vending Vehicle / Trailer*		<input type="checkbox"/> Other (please specify) _____			
*Registration Number _____					

APPLICANT DECLARATION

I declare that to the best of my knowledge, the information provided in this application is accurate and correct. I am aware that I will be required to pay a fee for food premises inspections undertaken by Council, which will be charged in accordance with the most recent Snowy Valleys Council's Fees and Charges Schedule.

Proprietor Name
Proprietor Signature
Date

Note 1 – Businesses shall be subject to routine inspections by Council's Environmental Health Officers depending on the risk category of your business, your premises may be subject to more than one inspection per year.

Note 2 – Registration of your food premises does not constitute development consent. Please check with Council if you are unsure whether development consent is required or if the premises has existing approval.

HOW TO RETURN THIS FORM

You can return the completed food premises registration form by:

Email info@svc.nsw.gov.au

Mail **Tumbarumba Office** PO Box 61, Tumbarumba, NSW 2653

Tumut Office 76 Capper St, Tumut NSW 2720

In Person **Tumbarumba Office** Cnr Bridge & Winston St, Tumbarumba

Tumut Office 76 Capper St, Tumut

Our offices are open to the public Monday to Friday 8:30am - 4:30pm (excluding public holidays)

NEED MORE INFORMATION?

For further information regarding food business registration, or if you need help with this form, please contact us via:

Telephone 1300 ASK SVC (1300 275 782)

PRIVACY STATEMENT

Snowy Valleys Council will take all reasonable and appropriate steps to protect the privacy of individuals having regard to the requirements of the *Privacy and Personal Information Protection Act 1998* and the *Government Information (Public Access) Act 2009*. Council will not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected. Questions concerning privacy or the use of your personal information may be referred to Council's Public Officer.