

Food Business Registration Form



FOOD BUSINESS DETAILS

Trading Name			
Proprietor/Company Name			
Business ABN			
Food Safety Supervisor (FSS) Name			
FSS Expiry Date		FSS Certificate No.	

BUSINESS ADDRESS

Business Owner Name			
Address			
Suburb		Postcode	State
Contact Numbers	Work	Mobile	
Email			
After Hours Contact Numbers			

HOME ADDRESS *This is the home address of the Business Owner*

Address			
Suburb		Postcode	State

BUSINESS INFORMATION

What is the size of your food business?

Please tick one box only

Large Food Service	over 51 employees	<input type="checkbox"/>
Medium Food Service	6 - 50 employees	<input type="checkbox"/>
Small Food Service	1 - 5 employees	<input type="checkbox"/>

What is the primary type of your food business?

Please tick one box only

Bakery	Home Activity (food)	<input type="checkbox"/>
Bed & Breakfast	Hotel / Motel / Guesthouse	<input type="checkbox"/>
Canteen / Kitchen (school / sports ground)	Kiosk	<input type="checkbox"/>
Caterer	Licensed Club	<input type="checkbox"/>
Charitable Community Organisation	Manufacturer (food)	<input type="checkbox"/>
Childcare Centre	Pub / Tavern	<input type="checkbox"/>
Confectionary Retail	Restaurant Cafe	<input type="checkbox"/>
Delicatessen	Seafood Retail	<input type="checkbox"/>
Food Distributor	Service Station	<input type="checkbox"/>
Fruit & Vegetable Retail	Supermarket	<input type="checkbox"/>
Grocery Retail	Takeaway Foods	<input type="checkbox"/>
Health Food Shop	Other (please specify below)	<input type="checkbox"/>

If you selected other please use this space to provide details

Please continue over page.

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APPLICANT'S AUTHORITY

As the applicant, I hereby apply for registration of the food premises as described on this application.

[Applicant Signature]

[Date]

Please check that all the required information on this form is **FULLY COMPLETED** and return to Council in one of the following ways:

- **EMAIL** by clicking on the Submit Form button
- **POST** to Locked Bag 1005, Katoomba 2780
- **RETURN** to either Council's Katoomba or Springwood Office

SUBMIT FORM

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

The personal and health information that Council is collecting from you is personal and health information for the purposes of the *Privacy and Personal Information Protection Act 1998* (NSW) (PPIPA) and *Health Records and Information Privacy Act 2002* (NSW) (HRIPA).

Intended Recipients: The intended recipients of the personal information are Council officers who assess applications.

Reason for collection: Council is collecting this personal information from you in order to assess your application.

Supply: The supply of information by you is voluntary. If you do not provide Council with this information, you may not be able to register your business.

Access and Correction: You may make an application to access or amend information held by Council.

Storage: Council is the agency that holds and controls the information. Council will store the information in a secure file and dispose of the record in accordance with relevant records disposal authorities.

Enquiries: Contact the Privacy Information Officer on 4780 5000 for any information enquiries.

NEED HELP

If you need help with this form you can contact Council in the following ways:

EMAIL council@bmcc.nsw.gov.au

PHONE 4780 5000

OFFICE USE

Classification	P1 <input type="checkbox"/>	P2 <input type="checkbox"/>	P3 <input type="checkbox"/>	P4 <input type="checkbox"/>
File Number				
Date Received				
Date Assessed				