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| Food Business Application Form | | | | | | | | | | | | | | | | | | | | *Food Act 2003*Sections 84, 87, 89 | | | | | |
| Application for Notification, Registration, or Renewal of a Food Business*For help completing this form, please contact your local council’s Environmental Health Officer* | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART 1: TYPE OF APPLICATION | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 🞏 | | | I am notifying my intention to operate a food business (s84); or | | | | | | | | | | | | | | | |  | | | | |
|  | | 🞏 | | | I am applying to register a food business (s87); or | | | | | | | | | | | | | | | |  | | | | |
|  | | 🞏 | | | I am applying to renew a food business’ registration (s89) | | | | | | | | | | | | | | | |  | | | | |
| PART 2: TYPE OF BUSINESS | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 🞏 | | | The food business is a one-off event | | | | | | | | | | | | | | | |  | | | | |
|  | | 🞏 | | | The food business is an ongoing business | | | | | | | | | | | | | | | |  | | | | |
|  | | 🞏 | | | The food business is mobile food business | | | | | | | | | | | | | | | |  | | | | |
|  | | 🞏 | | | The food business will operate from fixed premises | | | | | | | | | | | | | | | |  | | | | |
| PART 3: FOOD BUSINESS PROPRIETOR’S DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Applicant’s Full Name (name of the individual or company that will carry on the food business) | | | | | | | | | | | | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | ABN / ACN | | | | | | | | | | |  | Date of Birth (for non-ABN/ACN holders) | | | | | | | | | | |  |
|  | |  | | | | | | | | | | |  | ………/…………/……… | | | | | | | | | | |  |
|  | | Business Address | | | | | | | | | | | | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | Postal Address (if different from business address) | | | | | | | | | | | | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | Business Phone Number/Mobile | | | | | |  |  | | | | | |  |  | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Email Address | | | | | | | | | | | | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | |
| PART 4: FOOD BUSINESS DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Trading Name | | | | | | | | | | | | | | | | | |  | | | |
|  | | | |  | | | | | | | | | | | | | | | | | |  | | | |
|  | | | On-site Contact (if different from applicant) | | | | | | |  | Phone number | | | | | |  |  | | | | |  | | |
|  | | |  | | | | | | |  |  | | | | | | | | | | | |  | | |
|  | | | Email Address (on-site contact) | | | | | | | | | | | | | | | | | | | |  | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | Hours of Operation: | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | Monday: | | Tuesday: | | | | | | Wednesday: | | | | | | | Thursday: | | |  | | | |
|  | | | | Friday: | | Saturday: | | | | | | Sunday: | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | For Mobile Food Businesses: | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | Vehicle registration number (if applicable): | | |  | | | | | | | | | | | | | | |  | | | |
|  | | | | Address where vehicle is garaged, or equipment is stored: | | |  | | | | | | | | | | | | | | |  | | | |
|  | | | | Proposed start date of trading | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | |  | | | | | | | | | | | | | | | | | |  | | | |
| PART 5: FOOD AND FOOD HANDLING ACTIVITIES | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | List the types of foods to be sold (please attach details if insufficient space, a menu or product list may suffice): | | | | | | | | | | | | | | | | | |  | | | |
|  | | | |  | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | Types of food handling activities or processes to be used: | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | No Processing | | | | | | | | Cook-chill / sous vide | | | | | | | | | |  | | | |
|  | | | | Cooking | | | | | | | | Vitamising | | | | | | | | | |  | | | |
|  | | | | Cooling | | | | | | | | Packaging / Repacking / Labelling | | | | | | | | | |  | | | |
|  | | | | Reheating | | | | | | | | Vacuum packing | | | | | | | | | |  | | | |
|  | | | | Hot-holding /Cold-holding | | | | | | | | Preparation in advance (>4 hours) | | | | | | | | | |  | | | |
|  | | | |  | | | | | | | | Other (specify): | | | | | | | | | |  | | | |
| PART 6: FOOD BUSINESS LAYOUT – MOBILE FOOD BUSINESS | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | For mobile food businesses: please attach an A4 plan or photographs clearly depicting the layout of your vehicle, cart, tent, booth or other mobile structure. Refer to the *Guidelines for Mobile Food Businesses* for more information. | | | | | | | | | | | | | | | | | | | | |  |
| PART 7: FOOD PREPARATION & STORAGE – MOBILE FOOD BUSINESS | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If any food sold from a mobile food business is to be prepared and/or stored at another location not mentioned above, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space: | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| PART 8: APPLICANT DECLARATION | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | | I declare that the information provided on this form is true and correct.  I understand and agree that information on this form, and about the business and its on-going operation, may be shared between Authorised Officers, councils, and other jurisdictions to assess this application and the business’ compliance with the *Food Act 2003*. | | | | | | |  |
|  | | 🞏 | | I consent to receiving communications about this application in electronic form. | | | | |  | |
|  | | |  | |  |  |  |  | |  |
|  | | | Applicant Name | |  | Applicant Signature |  | Date | |  |
|  | | |  | |  |  |  | ………/…………/……… | |  |

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| **Direct deposits: BANK CBA BSB: 067-016 A/C #: 10006858 Use your invoice number as the reference.**    **Privacy Statement:** Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of Kentish Council and the Department of Health in order to advance the purposes of this form and carry out business required by the *Food Act 2003*. The *Personal Information Protection Act 2004* and Council’s Privacy Policy regulate the use of this information, which will not be disclosed to any other party, except with your permission or if required or authorised by law. You may make an application to access or amend personal information held by Council on 03 6491 0200. |