



# Food Business Registration

Under the *Food Act 2003*

Postal Address:  
General Manager  
PO Box 61  
GLEN INNES NSW 2370  
Phone: (02) 6730 2350  
Fax: (02) 6732 3764  
Email: council@gisc.nsw.gov.au

**All associated Food Business fees are listed in Council's current Operational Plan.**

**Privacy Notification:** In completing this form you will be prompted to supply information that is personal information, this information is collected under the *Privacy and Personal Information Act 1998*. The supply of this information is voluntary. If you cannot provide, or do not wish to provide, the information sought Council may be unable to process your request. Glen Innes Severn Council is required under the *Privacy and Personal Information Act 1998* to inform you about how your personal information is being collected and used. If you require further information please contact Council's Department of Development, Planning and Regulatory Services on (02) 6730 2350.

## REASON FOR NOTIFICATION

New Business       Existing Business       Ceased to Trade       Change of Details

## FOOD BUSINESS DETAILS

**Trading Name:**

**ABN:**

**Address:**

**Number:**

**Contact Person:**

**Business Size (full-time):**     1-10 employees       11 or more employees

**Type of business:**

<input type="checkbox"/> Aged/Childcare Facility	<input type="checkbox"/> Mobile Food Vendor *	<input type="checkbox"/> Sporting Complex
<input type="checkbox"/> B&B/Hotel/Motel	<input type="checkbox"/> Pub/Tavern	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Bakery	<input type="checkbox"/> Restaurant/Café	<input type="checkbox"/> Takeaway Food
<input type="checkbox"/> Canteen/Kitchen	<input type="checkbox"/> Service Station	<input type="checkbox"/> Temporary Food
<input type="checkbox"/> Home Occupation - DA/CDC Approval Number:		
<input type="checkbox"/> Other:		

\* (a copy of the Transport for NSW Vehicle/Trailer Registration is to be provided with application).

## BUSINESS OWNER DETAILS

**Business Ownership:**     Individual       Company       Partnership       Other

**Name:**

**Postal Address:**

**Contact Number:**

**Email:**

**Signature:**

**Date:**

## FOOD SAFETY SUPERVISOR

Certain hospitality and retail food service businesses must delegate a Food Safety Supervisor (FSS). If an FSS is required, a copy of the certificate must be available upon request of Council Officers. Each food premises must maintain a copy of the current FSS on site at all times.

**FSS Name:**

**Certificate No. & Expiry:**