



Locked Bag 22, (184 – 194 Bourke Street)
GOULBURN NSW 2580
Phone: 4823 4444
E: council@goulburn.nsw.gov.au
W: www.goulburn.nsw.gov.au

Office Use Only

Food Number: _____

Date: _____

Risk: Very high High Medium Low

Registration Fee: \$90.00 Receipt # _____

Change of Details: \$Nil

Application made under Local Government Act 1993 & Food Act 2003

FOOD PREMISES REGISTRATION FORM

Section 1

Business Details
(ALL DETAILS IN THIS SECTION MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED)

Business Name (please print): _____
Address of Premises: _____
Company/Owner: _____
ABN: _____
Postal Address: _____
Suburb: _____ State: _____ Postcode: _____
E-mail: _____ Phone: _____
Mobile: _____
Home Based Business: Yes No
If yes, does the business have development approval: Yes No

Section 2
Food Safety Supervisor(FSS)

Food Safety Supervisor Name: _____
Certificate Number: _____ Expiry Date: _____
Under section 106C of the Food Act 2003 the proprietor of a food business must appoint at least one food safety supervisor for the premises. There are exemptions for certain businesses and businesses who do not sell unpackaged potentially hazardous food. For more information visit the NSW Food Authority website.
Please Note: If your business requires a FSS, it is an offence not to appoint someone and penalties may be issued.
FSS Certificate must be supplied with application if FSS is Required by Business.

Section 3

Food Premises Details

Type of Food Premises: Tick most relevant box

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Café	<input type="checkbox"/> Takeaway Shop
<input type="checkbox"/> Supermarket	<input type="checkbox"/> General Store	<input type="checkbox"/> Fruit and Vegetable Store
<input type="checkbox"/> Deli	<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Service Station
<input type="checkbox"/> Licensed Club/Restaurant	<input type="checkbox"/> Bakery	<input type="checkbox"/> Cake Shop
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Child care centre
<input type="checkbox"/> Canteen/Kiosk	<input type="checkbox"/> Function centre	<input type="checkbox"/> Caterer
<input type="checkbox"/> Chicken/Poultry – retail	<input type="checkbox"/> Seafood – retail	<input type="checkbox"/> Other: _____

Operation/ Business Hours: Day-time Day & night-time Night-time only
Opening Hours: _____

Section 4

Additional Information

Do you or your staff require information in a language other than English? Yes No
If yes, which language/s? _____
No. of full time equivalent food handlers (based on a 38hr week): _____

Section 5

Declaration

I declare that:

- The information I have provided is true and correct to the best of my knowledge.
- I understand the requirement to comply with the legislation under the *Food Act 2003* and the *Local Government Act 1993*.

Name/s: _____

Signature/s _____ Date: _____

Please send the completed registration form back to Goulburn Mulwaree Council, Locked Bag 22, Goulburn NSW 2580, or email it to council@goulburn.nsw.gov.au.

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