



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: Registration Only \$95.00

Receipt # _____

Change of Details: \$Nil

Application made under Local Government Act 1993 & Food Act 2003

FIXED 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

- | | | |
|---|---|--|
| ☐ Restaurant | ☐ Café | ☐ Takeaway Shop |
| ☐ Supermarket | ☐ General Store | ☐ Fruit and Vegetable Store |
| ☐ Deli | ☐ Coffee Shop | ☐ Service Station |
| ☐ Licensed Club/Restaurant | ☐ Bakery | ☐ Cake Shop |
| ☐ Bed & Breakfast | ☐ Hotel/Motel | ☐ Child care centre |
| ☐ Canteen/Kiosk | ☐ Function centre | ☐ Caterer |
| ☐ Chicken/Poultry – retail | ☐ Seafood – retail | ☐ 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 <i>Food Act 2003</i> and the <i>Local Government Act 1993</i>. 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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