



FOOD BUSINESS REGISTRATION FORM

Please check that all the required information on this form is FULLY COMPLETED and return to Council	
By Mail: The General Manager, PO Box 21, West Wyalong NSW 2671	
Hand Delivered to: 2-6 Shire Street, West Wyalong	
Phone Enquiries: 02 69722266	Email: council@blandshire.nsw.gov.au

FOOD BUSINESS REGISTRATION TYPE (Tick more than one where applicable)	
New Business	<input type="checkbox"/>
Existing Business	<input type="checkbox"/>
Ceased to Trade	<input type="checkbox"/>
Change of Details	<input type="checkbox"/>

Part 1: FOOD BUSINESS DETAILS			
<i>Use this form to tell us where it is proposed to operate a food business within Bland Shire or where existing food business registration details have changed. You are required to do so under the Food Act 2003.</i>			
Trading Name:			
Proprietor/Company Name (if applicable):			
ABN (if applicable):			
Food Safety Supervisor Name:		Contact Number:	

Part 2: FOOD BUSINESS ADDRESS			
Address:			
Email Address:			
Contact Phone Number (Work):			
Mobile:		Fax:	

Part 3: HOME ADDRESS OF OWNER	
Address:	
Email Address:	

Part 4: BUSINESS INFORMATION

What is the size of your food business?

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

What is the Primary Type of your food business?

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

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As the Applicant, I hereby apply for registration of the food premises as described on this application and I declare that all the information I have provided is true and correct

Applicants Name (please print)

Applicants Signature

Date

Applicants Name (please print)

Applicants Signature

Date

PPIA DISCLAIMER – The personal information provided on this form is collected by Bland Shire Council for the purposes of processing this application by Council employees and other authorised persons. This form will be stored within Council's record management system and may be available for public access and/or disclosure under various NSW Government legislation.