



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)			
Phone		Email	

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:	

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 below (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	<input type="checkbox"/>	Cook-chill / sous vide	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Vitamising	<input type="checkbox"/>
Cooling	<input type="checkbox"/>	Packaging / Repacking / Labelling	<input type="checkbox"/>
Reheating	<input type="checkbox"/>	Vacuum packing	<input type="checkbox"/>
Hot-holding /Cold-holding	<input type="checkbox"/>	Preparation in advance (>4 hours)	<input type="checkbox"/>

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

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.

Signature

Applicant name

Signed

Date

____/____/____

Privacy statement

The personal information on this form is required by council for facilities management under the Public Places By Law No. 1 of 2018. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to process your application. You may access and/or amend your personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.ccc.tas.gov.au or at council offices.

PAYMENT OPTIONS



ONLINE

We can now offer a safe, secure and convenient way to pay via our website. Head to www.ccc.tas.gov.au/foodapplications to find out how.



MAIL

Mail your cheque or money order made payable to Clarence City Council together with the payment slip to: PO Box 96 Rosny Park 7018.

Post-dated cheques will not be accepted. Receipts will not be issued unless requested.



IN PERSON

Payments can be made in person at Council Offices, 38 Bligh St, Rosny Park, between the hours of 8.45am to 5.00pm. You may also call us on 03 6217 9500.

OFFICE USE ONLY:

EHO conducting assessment _____ Date ____/____/____

For new food premises:

Sector and Code: _____ Risk classification: _____

For existing premises (renewal or change of proprietor):

Has anything changed with the food business that would prompt a change of the Sector, Code or Risk classification **YES / NO** -

If **YES**, what is the new Sector, Code or Classification?