

# Food Business Registration

Gloucester Shire Council is collecting your business details in accordance with the **Food Act 2003**. Proprietor's and business' details are to be required in order to register your food business with Council. This form is to be used if you are a new business, taking over an existing business or changing the details of a current business.

## Proprietor's Details

Full name:			
Residential address:			
Phone:		Mobile:	
Email:			

## Business Details

Trading name:			
Previous trading name (if applicable):			
Business address:			
Business owner details:			
Business phone:		ABN:	
Postal address:	<input type="checkbox"/> Residential address <input type="checkbox"/> Business address <input type="checkbox"/> Other (please specify)		
Food safety supervisor name:			
FSS Certificate no.:		Certificate expiry:	

## Which best describes your Food Business type?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Café                           | <input type="checkbox"/> School canteen      |
| <input type="checkbox"/> Child care centre | <input type="checkbox"/> Takeaway outlet                | <input type="checkbox"/> Mobile vendor       |
| <input type="checkbox"/> B&B facility      | <input type="checkbox"/> Supermarket/Delicatessen       | <input type="checkbox"/> Service station     |
| <input type="checkbox"/> Bakery            | <input type="checkbox"/> Motel                          | <input type="checkbox"/> Fruit and veg shop  |
| <input type="checkbox"/> Licensed premises | <input type="checkbox"/> Health food shop               | <input type="checkbox"/> Home based business |
| <input type="checkbox"/> General store     | <input type="checkbox"/> Other (please specify) : _____ |  |

## Declaration and Signature of Applicant

- I/We hereby make application to Council for permission to operate a food business in the Gloucester Shire Council Area,
- I/We understand that the business will be subject to regular food safety inspections by Council's Authorised Officers,
- I/We confirm that the above particulars are true and correct,
- I/we agree to abide by the *Food Act 2003*.

Signed:

Date:

Please return a completed and signed application to Gloucester Shire Council:

In person/by mail: **89 King Street/PO Box 11  
Gloucester NSW 2422**

Email: [council@gloucester.nsw.gov.au](mailto:council@gloucester.nsw.gov.au)