

## APPLICATION FOR FOOD SHOP REGISTRATION

Trading Name: \_\_\_\_\_  
Premises Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Trading Hours: \_\_\_\_\_  
Opening Date: \_\_\_\_\_

Does Council's development consent or approval (if required) allow the use of the premises?

If yes: Approval Number: \_\_\_\_\_ (DA/CDC No.) Approval Date: \_\_\_\_\_

If no: Provide details: \_\_\_\_\_  
\_\_\_\_\_

### Type / Category of Food Business

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bakery             | <input type="checkbox"/> Delicatessen                | <input type="checkbox"/> School Canteen         |
| <input type="checkbox"/> Takeaway only food | <input type="checkbox"/> Supermarket                 | <input type="checkbox"/> Child Care Centre      |
| <input type="checkbox"/> Restaurant         | <input type="checkbox"/> Mixed Business              | <input type="checkbox"/> Home Cooking           |
| <input type="checkbox"/> Café               | <input type="checkbox"/> Seafood Shop                | <input type="checkbox"/> Fruit & Vegetable Shop |
|   | <input type="checkbox"/> Ice Cream Shop              | <input type="checkbox"/> Health Food Shop       |
|   | <input type="checkbox"/> Service station/Food Outlet | Other _____                                     |

✓ Tick appropriate shop type:

**NOTE:** Council charges a fee for inspection (or reinspection if required) at the rate listed in Council's adopted fee schedule for the financial year the inspection(s) is carried out. An invoice will accompany an inspection report following each inspection.

### Details of Business Name Holder

Holder Name: \_\_\_\_\_

ABN No: \_\_\_\_\_

Address for Service of Documents: \_\_\_\_\_  
\_\_\_\_\_

Preferred Address for Service of Mail: ☐ Shop ☐ Company ☐ Proprietor

☐ Other \_\_\_\_\_

**Food Business Proprietor Details**

1	Name:	_____	Ph. No:	_____
	Address:	_____		
	Email Address:	_____	Mobile:	_____
2	Name:	_____	Ph. No:	_____
	Address:	_____		
	Email Address:	_____	Mobile:	_____

**Signature of proprietor / applicant**

1	2
_____	_____
_____	

**Food Safety Supervisor (FSS) Details**

FSS Name:	_____		
Address:	_____		
FSS Certificate No:	_____	Date of Issue:	_____
Training Organisation	_____		

**PRIVACY**

The information provided on this form is information that must be compulsorily provided to council under provisions of the Food Act 2003. Providing information that is false or misleading is an offence and significant penalties apply.

The personal information provided above at Proprietor and FSS details will be used by council staff in administration of council's regulatory duties and may be provided to other authorities (ie NSW Food Authority) on request. Please contact council if the information you provide on this form changes.

**Return completed form to:**

General Manager, Sutherland Shire Council, Locked Bag 17, Sutherland NSW 1499  
or fax to (02) 9710 0626