

## FOOD PREMISES REGISTRATION

### PART 1 - APPLICANT DETAILS

Name:			
Residential address:			
Postal address:			
Mobile number:		After hours number:	
Email address:			

### PART 2 - PREMISES DETAILS

Address:			
Lot & DP No (if known):			
Do you own this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please complete the owner details at Part 6)		

### PART 3 - BUSINESS DETAILS

Business\Company name:			
Trading name:			
Business\Company address (if different from above):			
Business phone:			
ABN (if applicable):			
ACN:			

#### PART 4 - PROPOSED SERVICE (which best describes your business)

- |  |                                       |   |  |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Restaurant\Cafe               | <input type="checkbox"/> Takeaway     | <input type="checkbox"/> Bakery           | <input type="checkbox"/> Supermarket   |
| <input type="checkbox"/> Ice Creamery                  | <input type="checkbox"/> Green Grocer | <input type="checkbox"/> Service Station  | <input type="checkbox"/> Canteen       |
| <input type="checkbox"/> Motel\B & B                   | <input type="checkbox"/> Pub\Hotel    | <input type="checkbox"/> Childcare Centre | <input type="checkbox"/> Home business |
| <input type="checkbox"/> Other (please specify): _____ |                                       |   |  |

#### PART 5 - NSW FOOD AUTHORITY REQUIREMENTS

Certain food businesses are required to appoint at least one trained Food Safety Supervisor. For information on how to obtain a Food Safety Supervisor Certificate go to [www.foodauthority.nsw.gov.au](http://www.foodauthority.nsw.gov.au). If applicable to your business please provide details of your Food Safety Supervisor in the space below.

**ATTACH A COPY OF THE CERTIFICATE RECEIVED FROM THE FOOD AUTHORITY.**

Full name:

Certificate no.:

#### PART 6 - PROPERTY OWNER DETAILS

If the applicant is **NOT** the owner of the property then please complete this section.

Owner's Name\Body  
Corporate\Company\  
Managing Agent:

Address:

Contact phone number/s:

#### PART 7 - LODGEMENT DETAILS

You can lodge the completed application and any attachments by mail, email, fax or in person at Council's Administration Building.

**What Now:** You will be entered on Council's Food Premises Database and you will receive a quarterly newsletter, NSW Food Authority information, legislation updates and notice of recalls. Your premises will also be inspected at least annually (there are prescribed inspection fees).

## PART 8: APPLICANT DECLARATION

I declare that the information provided in this application is true and correct at the time of this application.

Applicant Name:

Applicant Signature:

Date:

### PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

The personal details requested on this form is being collected by Kiama Municipal Council (KMC) for the purposes of assessing your application and corresponding with you about your application. KMC is the agency that holds the information and access is restricted to KMC Officers. The supply of information is required by the NSW Food Act 2003, if not provided we may not be able to process your application. Your personal information may be disclosed to the Food Authority, or to any person engaged in the administration of the Food Act 2003, for the purpose of enabling the Food Authority to exercise its functions under the Act. You have a right to apply for access to or for correction of your personal information. For further information, please see KMC's Privacy Management Plan available on Council's website or contact us on 02 4232 0444 or email [council@kiama.nsw.gov.au](mailto:council@kiama.nsw.gov.au)