



FOOD PREMISES REGISTRATION / UPDATE FORM

Food business registration type (tick all that apply)

New business

Existing Business

Ceased to trade

Change of details

Applicant and Business Details

Registered Business or Sole Trader

Title Given name/s

Family Name

Proprietor/Company name

ABN/ACN

Directors name/s

Postal Address

Email

Business Telephone number

After hours phone number Mobile

Contact Person (if different from above) Position

Date on which changes will take place / date of commencement of business

Development Application/ CDC number

Premises Detail

Trading Name

Property Address

Number of food handlers (FTE) (number working on an average shift)

Food Safety Supervisor

Name Position

Certificate number Date issued

Property Owner

Property owners name/s:

Property owners postal address (if different from above)

Property owners phone

Business Details

Type of business (tick most appropriate box)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Childcare Centre | <input type="checkbox"/> Licensed Club | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Fruit & Vegetable | <input type="checkbox"/> Mobile Vehicle | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Canteen | <input type="checkbox"/> Health Food | <input type="checkbox"/> Pub/tavern | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant/Cafe | <input type="checkbox"/> Takeaway |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Other | | |

Business

Trading

Hours:

Water Supply/Waste Water Treatment

Water provided by:

Town Water Supply

Private Supply (*Tank, Bore, Creek*)

Waste Water:

Town Sewerage

Onsite Treatment (*Septic Tank*)

Is a grease trap installed/used:

No

Yes – Size?

Litres

Applicant Declaration

I declare that to the best of my knowledge, the information provided in this application is accurate and correct.

Signature of Business Proprietor/Owner:

Date:

Print Name

Privacy and Personal Information

The Privacy and Personal Information Act 1998 applies to personal information held, used and disclosed by Council. If you would like further information, please contact Council on 1300 459 689. The information will be used by staff and the nominated institution for the purpose mentioned or a directly related purpose (to register or modify premises; to contact the business as needed; to provide or request information). The information is provided on a voluntary basis and you may apply to Council for access or amendment of the information at any time.

Enquires & Lodgement Details

Please send your completed registration form to the Cootamundra-Gundagai Regional Council – or for more information please call 1300 459 689.

By Mail: PO Box 420
Cootamundra NSW 2590

In Person: 81 Wallendoon Street
Cootamundra NSW 2590
or
255 Sheridan Street
Gundagai NSW 2722

Fax: (02) 6940 2127

Email: mail@cgrc.nsw.gov.au

OFFICE USE ONLY

Date Received :

Received By:

Receipt No.

Application No:

Risk Category:

Expiry Date: