Food Premises Registration Form

Food Act 2003 - Food Premises Registration & Notification Fee $57
A food business must have the appropriate Development Consent and notify Council prior to commencing any food handling operations by completing this registration form.

Food Premises Proprietor Details (Please Print)
(If more than 1 proprietor, please tick box and add details in “Additional Information” Page 2.)

Surname:                                                                                                                         First Name:
Company Name: (if applicable)
Address:                                                                                                                            Post Code:
Suburb:                                                                                                                            Post Code:
Mailing Address:                                                                                                                   Post Code:
Suburb:                                                                                                                            Post Code:
Phone (m):                                                                                                                        Phone (w):
Fax:                                                                                                                                   ABN / ACN:
Email:

Food Premises Details

Name of Food Business:
Primary Type of Food Business:
Contact Person:
Address:                                                                                                                            Post Code:
Suburb:                                                                                                                            Post Code:
Mailing Address:                                                                                                                   Post Code:
Suburb:                                                                                                                            Post Code:
Phone (m):                                                                                                                        Phone (w):
Fax:                                                                                                                                   ABN / ACN:
Email:
DA Consent No. (If applicable)
Types of Food Sold

Please list types of food sold from the premises:

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Examples: Cooked meals, Packaged food, Delicatessen, Freshly made sandwiches, Fresh Milk etc.

Name of Food Safety Supervisor: 

ADDITIONAL INFORMATION

Please Note
Council may inspect the business without prior notice to assess the business for compliance with legislative requirements. An inspection fee will be charged. See Council’s Food Surveillance Strategy for more information.

To view the Food Standards Australia and New Zealand (FSANZ) Food Standards Code, please refer to the FSANZ website: www.foodstandards.gov.au

Signature
Applicant Signature: __________________________ Date: __________________________

HOW TO LODGE THIS REGISTRATION & PAY FEES
Fees may be paid over the Counter at Council with payment made via cash, cheque, money order, debit card and the following credit cards: Visa and Master card. OR Make your cheque or money order payable to Bayside Council and mail this form together. Do not send cash in the mail. If lodging multiple Registrations, a separate payment must be made for each registration form.

Registration fees are in accordance with Council’s Fees and Charges.

For Official Use Only: Account Number: RC 15050 Risk Assessment H M L

# APPLICABLE REGISTRATION FEE MUST BE ACCOMPANIED WITH THIS FORM #

Registration received by: ............................................................... Date: ............................................................... 
Referred to: ............................................................... Date: ............................................................... 
Receipt No: ............................................................... Date: ...............................................................