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Food Business Registration Form Section 100 Food Act 2003

Please complete **ALL** sections and when completed please return to Council.

Food Business Details:

Business Trading Name: _____

Business Street Address: _____

Contact Name: _____

Number of Employees (full time equivalent):
 Up to and including 5
 More than 5 but not more than 50
 More than 50

Primary Business Type (tick one box only):

- | | | |
|--|--|--|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Canteen/Kitchen |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Charitable Organisation | <input type="checkbox"/> Childcare Centre |
| <input type="checkbox"/> Confectionary Retail | <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Fruit & Vegetable Retail |
| <input type="checkbox"/> Grocery Retail | <input type="checkbox"/> Health Food Shop | <input type="checkbox"/> Home Activity |
| <input type="checkbox"/> Hotel/Motel/Guesthouse | <input type="checkbox"/> Kiosk | <input type="checkbox"/> Licensed Club |
| <input type="checkbox"/> Pub/Tavern | <input type="checkbox"/> Restaurant/Café | <input type="checkbox"/> School/Education Facility |
| <input type="checkbox"/> Service Station | <input type="checkbox"/> Sporting Complex | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Take Away Food | <input type="checkbox"/> Winery/Distillery | |
| <input type="checkbox"/> Mobile Food/Coffee Van: | | |

Make: _____ Model: _____ Reg. No.: _____

Other – Please Specify: _____

Business Ownership Details:

Business Ownership: Individual Company Partnership Other

Contact Person: _____

Name of Company/Partnership: _____

Directors: Names: _____

Registered Office Address: _____

Mailing Address: _____

ABN or ACN Number: _____

Contact Number: Business Hours: _____ After Hours: _____

Email Address: _____

Food Safety Supervisor (FSS) Details:

Name of Supervisor: _____

Certificate Identification Number: _____

Expiry Date (as noted on certificate): _____ / _____ / _____

NOTE: A copy of the Food Safety Supervisor Certificate is to be available for perusal on demand by an authorised officer **AT ALL** times the food outlet is operating.

Declaration:

In submitting this notification, I acknowledge that:

- I/We declare that the information provided in this form is true and correct to the best of my knowledge.

Name: _____

Signature: _____

Date: _____ / _____ / _____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form, you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

OFFICE USE ONLY

DATE RECEIVED: _____ / _____ / _____

APPLICATION NUMBER: _____

RECEIVED BY: _____

SIGNATURE: _____

NOTES:

Maintained By Dept:	ENV	Effective Date:	Review Date:
Version:	2	10 January 2022	10 January 2024