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Food Business

Food Act 2003
Sections 87, 88 & 89

Application for **Registration/Renewal** of a Food Business

Includes Food Vans, stalls, tents, marquees and trailers

PART 1: TYPE OF APPLICATION

(tick one box only)

- I am applying for Annual State Wide Mobile Food Business Registration; **OR**
- I am applying for a 'one off' or event specific Registration (*single or multi-day event*)
Date(s) of event for one off registration:/...../..... to/...../.....; **OR**
- I am applying for annual registration of a PERMANENT / FIXED Food Business **OR**
- I am Notifying Sorell Council of my intention to make/sell low risk food

PART 2: FOOD BUSINESS PROPRIETOR'S DETAILS & FOOD BUSINESS DETAILS

Title	Name of Proprietor	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Food Business Name

ABN / ACN	Date of Birth (for non-ABN/ACN holders)
<input type="text"/>/...../.....

Food Business Address (must be located within the boundaries of this Council for registration to be valid)

Postal Address (if different from Food business address)

Food Business Phone Number	Mobile Number
<input type="text"/>	<input type="text"/>

Email Address

On-site Contact (if different from Proprietor)	Phone number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address (on-site contact)

The number of food handlers at any given time is (circle the appropriate box)		
1-5 food Handlers	6-10 Food Handlers	>10 Food Handlers

PART 3: TYPES OF FOOD TO BE SOLD

List the types of food to be sold or attach copy of menu

PART 4: FOOD SAFETY SKILLS AND KNOWLEDGE

Food safety qualifications, training or experience of Proprietor/Onsite contact (attach details if insufficient space)

PART 5: FOOD PREPARATION & STORAGE

If any food sold from a mobile food business is to be prepared and/or stored at another location, please provide details, including the address of any premises where food is to be stored or prepared (attach details if insufficient space)

PART 6: MOBILE FOOD BUSINESS DESCRIPTION

Trading Name and /or Stall/Van Name

Vehicle Registration No. (if applicable)

PART 7: MOBILE FOOD BUSINESS LAYOUT

Please attach an A4 plan or photographs clearly depicting the layout of your mobile food business as part of this application. Refer to the *Guidelines for Mobile Food Businesses* for more information. The Guidelines can be accessed at:

http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0009/218826/Guidelines_for_Mobile_Food_Businesses_Dec_2015.pdf

PART 8: APPLICANT DECLARATION

I declare that the information provided on this form is accurate, complete and correct.

I understand and agree that information about this application and the businesses' on-going operations will be shared with councils and the Department of Health and Human Services to assess this application and the businesses' compliance with the *Food Act 2003*.

I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name

Applicant Signature

Date

A SORELL COUNCIL ENVIRONMENTAL HEALTH OFFICER WILL BE IN CONTACT WITHIN 14 DAYS OF RECEIPT