

# Registration of Food Premises

Under the Food Act 2003

Office Use Only

FP

Business/Trading Name

Company/Entity Name

## Business Entity Type

Sole Trader  Company  Partnership  Trust  Not for Profit

ABN

Food Safety Supervisor - Name  Date Certificate Issued

## Business Owner Contact Details

First name  Surname  Mobile

First name  Surname  Mobile

Email

Business/Website  Business Phone

Tenancy/Shop Address

Business Postal Address

Business Owner - Residential Address

**Reason for Application** New business  Updating details  Unsure whether registered

Food Sold

**Water Source:** Sydney Water Mains  \*Other  If other, specify

\*If other, do you have a quality assurance plan for your water supply? Yes  No  N/A

Do you or your staff require information in a language other than English? Yes  No

If yes, please specify

**Name of Applicant**

**Signature**

**Date**

### Privacy Notice

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