**A logo of a town

Description automatically generated**

**Mail:** PO Box 156, Longford 7301 **Location:** 13 Smith Street,Longford

**Phone:** (03) 6397 7303 **Email**: [council@nmc.tas.gov.au](mailto:council@nmc.tas.gov.au)

|  |  |
| --- | --- |
| **FOOD BUSINESS APPLICATION FORM** | *Food Act 2003*  Sections 84, 87, 89 |

Application to be used for the **Notification, Registration, or Renewal** of a Food Business

If you require help completing this form, please contact Council’s Environmental Health Officer.

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| **PART 1: APPLICANT DETAILS:** |  |

Applicant’s Full Name (name of the individual or company that will carry on the food business):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant: | Title: |  | First Name: |  | Surname: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Mobile No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email address: |  | ABN / ACN No: |  |

Postal address (if different from business address):

|  |  |
| --- | --- |
| Address |  |

|  |  |  |  |
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| **PART 2: FOOD BUSINESS DETAILS:** |  |

|  |  |
| --- | --- |
| Trading Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Mobile No: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Email address: |  | | | ABN / ACN No: |  | |
|  |  | | |  |  | |
| Name of nominated Food Safety Supervisor: | |  |  | Current Supervisor Certificate Attached: | |  |

|  |  |
| --- | --- |
| Proposed start date of trading (if new business): |  |

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| **PART 3: TYPE OF APPLICATION:** |  |

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| --- | --- | --- |
|  |  | I am applying to notify/register to operate a new food business (s84/s87); or |

|  |  |  |
| --- | --- | --- |
|  |  | I am applying to renew a food business registration (s89); or |

|  |  |  |
| --- | --- | --- |
|  |  | I am taking over an existing food business. |

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| **PART 4: TYPE OF BUSINESS (Tick all that apply):** |  |

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| --- | --- | --- |
|  |  | I am taking over an existing food business. **Insert** **Previous Name**: |

|  |  |  |
| --- | --- | --- |
|  |  | I intend to operate from a fixed address being: |

|  |  |  |
| --- | --- | --- |
|  |  | I intend to operate a mobile food structure. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | I intend to operate at a mobile food structure at the following event. | |
| Name of Event: | Date of Event: |

|  |  |  |
| --- | --- | --- |
|  |  | I intend to operate a temporary / one-off event food business (tick applicable duration below): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Less than 2 weeks, specify number of days: |  |
|  |  |  |  |  |
|  |  |  | Up to 6 months |  |
|  |  |  |  |  |
|  |  |  | Up to 12 months |  |

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|  |  | I intend to apply for “**not for profit**” status. If so, you **MUST** provide a Certificate from the ATO granting your organisation this status with this application, otherwise full fees will be applied |

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| **PART 5: FOOD BUSINESS DETAILS:** |  |

Hours of Operation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday: |  | Tuesday: |  | Wednesday: |  |
| Thursday: |  | Friday: |  | Saturday: |  |
| Sunday: |  |  |  |  |  |

List the types of foods to be sold (please attach details if insufficient space, alternatively attach a menu or product list):

|  |
| --- |
|  |

Types of food handling activities or processes to be used (tick all that apply):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | No Processing |  |  |  | Cook / Chill Sous Vide |
|  |  |  |  |  |  |  |
|  |  | Cooking |  |  |  | Packaging / Repacking / Labelling |
|  |  |  |  |  |  |  |
|  |  | Cooling |  |  |  | Preparation in Advance (> 4 Hours) |
|  |  |  |  |  |  |  |
|  |  | Vitamising |  |  |  | Vacuum Packing |
|  |  |  |  |  |  |  |
|  |  | Reheating |  |  |  | Hot Holding / Cold Holding |
|  |  |  |  |  |  |  |
| Other (please specify): | | | | | | |

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| **PART 6: MOBILE FOOD BUSINESS (leave blank if not applicable):** |  |

|  |  |  |
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| Type of Food Structure ie. van, trailer, market stall, other: | |  |
| Is a State-wide Licence required ie. permitted to operate throughout Tasmania: | | Yes / No |
| Vehicle registration number: (if applicable) |  | |
| Address where vehicle is garaged, or equipment is stored: |  | |

|  |  |  |
| --- | --- | --- |
|  |  | I have attached an A4 plan/photographs clearly depicting the layout of my vehicle, cart, tent, booth or other mobile structure. Refer to the *Guidelines for Mobile Food Businesses* for more information. |

If any food sold from a mobile food business is to be prepared and/or stored at another location not mentioned above, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space:

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| **PART 7: ATTACHMENTS:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Attached |  | N/A |  |  |
|  |  |  |  |  |
|  |  |  |  | Food Safety Supervisor Certificate |
|  |  |  |  |  |
|  |  |  |  | Layout Plan (if Mobile Food Business) |
|  |  |  |  |  |
|  |  |  |  | Menu/Product List (if applicable) |
|  |  |  |  |  |
|  |  |  |  | ATO Not for Profit Status Certificate (if applicable) |
|  |  |  |  |  |
|  |  |  |  | Mobile Food Vendor Permit **OR** Completed Vendor Permit Application (if operating from one of Council’s approved roadside locations – as per NMC Mobile Food Vendor Policy) |

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| **PART 8: APPLICANT DECLARATION:** |  |

I declare that the information provided on this form is true and correct.

I understand and agree that information on this form, and about the business and its on-going operation, may be shared between Authorised Officers, councils, and other jurisdictions to assess this application and the business’ compliance with the *Food Act 2003*.

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|  |  | Please tick if you consent to receiving communications about this application in electronic form *(current email address must be provided in section 1)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Name: (Print)* |  | *Signed:* |  | *Date:* |
| **Applicant:** |  |  |  |  |  |

Please contact the Council’s Environmental Health Officer on (03) 6397 7303 or email [health@nmc.tas.gov.au](mailto:health@nmc.tas.gov.au) for relevant fees.

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| **OFFICE USE ONLY:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt No:** |  | **Date Issued:** |  |

**PRIVACY STATEMENT**

**The Northern Midlands Council abides by the *Personal Information Protection Act 2004* and views the protection of your privacy as an integral part of its commitment towards complete accountability and integrity in all its activities and programs.**

**Collection of Personal Information:**

**The personal information being collected from you for the purposes of the *Personal Information Protection Act, 2004* and will be used solely by Council in accordance with its Privacy Policy. Council is collecting this information from you in order to process your building application.**

**Disclosure of Personal Information:**

**Council will take all necessary measures to prevent unauthorised access to or disclosure of your personal information.  External organisations to whom this personal information will be disclosed as required under the *Building Act 2000*. This information will not be disclosed to any other external agencies unless required or authorised by law.**

**Correction of Personal Information:**

**If you wish to alter any personal information you have supplied to Council please telephone the Northern Midlands Council on (03)6397 7303. Please contact the Council’s Privacy Officer on (03)6397 7303 if you have any other enquires concerning Council’s privacy procedures.**