

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.

PART 1: APPLICANT DETAILS:

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

Proposed Proprietor: Title: First Name: Surname:

Address: Phone No:

Mobile No:

Email address: ABN / ACN No:

Postal address (if different from business address):

Address

PART 2: FOOD BUSINESS DETAILS:

Trading Name:

Address: Phone No:

Mobile No:

Email address: ABN / ACN No:

Name of nominated Food Safety Supervisor (if required):

[Food safety supervisor | Tasmanian Department of Health](#)

Proposed start date of trading (if new business):

PART 3: TYPE OF APPLICATION:

☐ 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. (Insert Previous Name):

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

<input type="checkbox"/>	I intend to operate from a fixed address.						
<input type="checkbox"/>	I intend to operate a mobile food structure. (Van, trailer etc)						
<input type="checkbox"/>	I intend to operate from a temporary structure (gazebo, stall etc)						
<input type="checkbox"/>	I intend to operate a mobile/temporary food structure at the following event. Name of Event: _____ Date of Event: _____						
<input type="checkbox"/>	I intend to operate a mobile/temporary business (tick applicable duration below): <table border="1"><tr><td><input type="checkbox"/></td><td>Less than 2 weeks, specify number of days: _____</td></tr><tr><td><input type="checkbox"/></td><td>Up to 6 months</td></tr><tr><td><input type="checkbox"/></td><td>Up to 12 months</td></tr></table>	<input type="checkbox"/>	Less than 2 weeks, specify number of days: _____	<input type="checkbox"/>	Up to 6 months	<input type="checkbox"/>	Up to 12 months
<input type="checkbox"/>	Less than 2 weeks, specify number of days: _____						
<input type="checkbox"/>	Up to 6 months						
<input type="checkbox"/>	Up to 12 months						
<input type="checkbox"/>	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 Search for a charity ACNC						

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):

<input type="checkbox"/>	No Processing	<input type="checkbox"/>	Cook / Chill / Sous Vide
<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Packaging / Repacking / Labelling
<input type="checkbox"/>	Cooling	<input type="checkbox"/>	Preparation in Advance (> 4 Hours)
<input type="checkbox"/>	Vitamising	<input type="checkbox"/>	Vacuum Packing
<input type="checkbox"/>	Reheating	<input type="checkbox"/>	Hot Holding / Cold Holding

Other (please specify):

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

Is a State-wide Registration required i.e. permitted to operate throughout Tasmania. (Highlight or delete)	YES	NO
Vehicle registration number: (if applicable)		
Address where vehicle is garaged, or equipment is stored:		

<input type="checkbox"/>	I have attached an A4 plan/photographs clearly depicting the layout of my vehicle, cart, tent, booth or other mobile structure. Refer to the <i>Guidelines for Mobile Food Businesses</i> 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:

PART 7: ATTACHMENTS:

Attached N/A

<input type="checkbox"/>	<input type="checkbox"/>	Food Safety Supervisor Certificate
<input type="checkbox"/>	<input type="checkbox"/>	Layout Plan (if Mobile Food Business)
<input type="checkbox"/>	<input type="checkbox"/>	Menu/Product List (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	ATO Not for Profit Status Certificate (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Roadside (Mobile) Food Vendor Permit OR Completed Roadside (Mobile) Food Vendor Permit Application (if operating from one of Council's approved roadside locations – as per NMC Roadside (Mobile) Food Vendor Policy)

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*.

<input type="checkbox"/>	Please tick if you consent to receiving communications about this application in electronic form (<i>current email address must be provided in section 1</i>)
--------------------------	---

Name: (Print)

Signed:

Date:

Applicant:

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

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 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 *Food Act 2003*. 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.