

# Tasman Council

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The personal information requested on this form is being collected by council for purpose set out in the title of the form. The personal information will be used solely by council for the primary purpose or directly related purposes. The applicant understands that personal information is provided for the above mentioned function and that he/she may apply to council for access to and/or amendment of the information. Requests for access or correction should be made to Tasman Council's Customer Service Officer.

Food Act 2003  
Sections 87, 88 & 89

## Food Business

### Application for Registration/Renewal

#### PART 1: APPLICANT & FOOD BUSINESS DETAILS

Title	Given Name/s	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name		
<input type="text"/>		
ABN / ACN	Date of Birth (for non-ABN/ACN holders)	
<input type="text"/>	<input type="text"/>	
Business Address (must be located within the boundaries of this Council for registration to be valid)		
<input type="text"/>		
Postal Address (if different from business address)		
<input type="text"/>		
Business Phone Number	Mobile Number	
<input type="text"/>	<input type="text"/>	
Email Address		
<input type="text"/>		
On-site Contact (if different from applicant)	Phone number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address (on-site contact)		
<input type="text"/>		

#### PART 2: TYPES OF FOOD TO BE SOLD

List the types of food to be sold

#### PART 3: FOOD SAFETY SKILLS AND KNOWLEDGE

(food safety qualifications, training or experience of applicant/owner – attach details if insufficient space)

## PART 4: FOOD PREPARATION & STORAGE

If any food sold 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 5: 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

...../...../.....

## OFFICE USE ONLY:

OFFICERS NAME/ TITLE			
DATE REQUEST RECEIVED		SIGNED	
FEE	\$	CATEGORY	
DATE FEES RECEIPTED		RECEIPT NO.	
DATE CERTIFICATES SENT		SIGNED	