Food Business New Premises **CITY OF SYDNEY** Registration/Change of Existing Registration

About this form

This form is used for the regulation of food premises. You may use this form to register new premises or to make changes to registration for existing premises.

Important information:

Please note that the lodgement of this form, does not constitute a development approval for the use of the premises. Failure to obtain or have the necessary approval may result in enforcement action from Council.

How to complete this form

- 1: Ensure that all fields have been filled out correctly.
- 2: Once completed you can submit this form by mail and in person. Please refer to the Lodgement details section for further information.

Part 1: Premises Details		
Trading Name		
Shop Number	Building/Arcade	
Fixed Trading Address (Mooring	g location if vessel)	
Phone Number	Trading Days and Hours	
Part 2: Proprietor Details		
Given Name/s	Family Name	
Proprietor/Company Name	ABN / ACN of Occupier (if any)	
Director Name/s		
Postal Address (all corresponde	ance will be sent to this address)	
Note: Before this application of	can be lodged at least one of the modes of contact below must be supplied.	
Business Number	Mobile Number Home Number	
Email Address		
Contact Person (if different from	n above) Position	
Date on which changes will take	e effect / date of commencement of business (whichever is applicable)	

Part 2: Premises Details	Continued				
Please indicate for which purp	ose you are submitting this for	m by ticking	one of the boxes below		
New premises					
Ceased to trade	Change of trading name				
If you ticked 'Other' Please pro					
Discos indicate the type of hu	cinces to which your emplicati	an relates hu	ticking the emplicable by		
Please indicate the type of bu	siness to which your application	on relates by	licking the applicable bo	DX/es below	
Food premises with a Liquor I	Licence Food premises v	vithout a Liqu	ior Licence		
Night Operating Food Busine	ss - ONLY 🗌				
Boat/Vessel 🗌 🕨 Registrat	ion number]		
			J	1	
Liquor Licence number DA or CDC or OC number * Pla		* Please provide at least o	one		
Licencee				1	
Please indicate the nature of t	he food business. Tick all the	boxes that ar	re relevant to the type/ac	ctivity of you business	
	HIGI	H RISK			
Pow ogg	Boarding House/Group H		Childooro contro with	food proparation	
Raw egg Raw meat dishes	Sushi	Iomes	Childcare centre with food preparation Childcare party centres		
Sous Vide	Unpasteurised juice b	ar	Vacuum/MAP Pack		
Smoking	Salting				
Raw Fish/Seafood Products	Aged meats/Fermented r	meats	Hotel (large scale) School/holiday camp		
Caterer (retail to public)	Boarding School		Large function centre/restaurant >10 FTE		
	Doarding Concor		Any business preparing PHF with >10 FTE		
Childcare Centre (no cooking, food brought from home) - food preparation includes cutting fruit, sandwiches etc.					
	č ,	JM RISK			
0.5					
Cafe	Delicatessen		Supermarkets with deli section of hot food (PHF)		
Take Away	School canteen		Restaurant (<10 FTE)		
Bar night club with kitchen	Pub/bistro kitchen		Hotel/Motel (1 kitchen)		
On-line orders	Seafood shop (cookin		Community Centres/OOSH/OSHC		
Cake shop/pastry shop	Mobile food vending veh		Bakery (cooking pies/quiches)		
Work cafeteria	Service stations selling		Dark Kitchen (Permanent)		
LOW RISK					
Cooking School	Cinemas		Bakery (bread p	roducts only)	
Home based business	Newsagent		Childcare (food bro	ught from home)	
Confectionary store	Liquor store		Service stations (F		
Transport vehicle	Vending Machine		Greengrocer (fruit/	vegetable shop)	
Bar/night club (no food)	Convenience store		Dark kitcher	n (casual)	
Supermarket (non PHF)					

Part 3: Privacy & Personal Information Protection Notice

Purpose of collection	: This information is being collected for the purpose of registering or modifying premises, contacting the business as needed to provide or request information.
Intended recipients:	City of Sydney employees. Any approved contractors required to provide this service.
Supply:	The supply of this information is required by law. If you are unwilling to provide this information, the City of Sydney may be unable to provide access to City of Sydney services.
Access/Correction:	Please contact Customer Service on 02 9265 9333 or at <u>council@cityofsydney.nsw.gov.au</u> to access or correct your personal information.
Storage:	The City Planning, Development and Transport Unit at the City of Sydney, located at 456 Kent Street, Sydney NSW 2000, is collecting this information and the City of Sydney will store it securely.
Other uses:	The City of Sydney will use your personal information for the purpose for which it was collected and may use it as is necessary for the exercise of other functions.

For further details on how the City of Sydney manages personal information, please refer to our Privacy Management Plan <u>cityofsydney.nsw.gov.au/policies/privacy-management-plan</u>.

Part 4: Lodgement Details

You can lodge the completed application by:

- EMAIL: council@cityofsydney.nsw.gov.au
- MAIL: City of Sydney GPO Box 1591 Sydney NSW 2001
- IN PERSON: Town Hall House Level 2, 456 Kent Street, Sydney See our website for details of all customer service centres and opening hours: cityofsydney.nsw.gov.au/customer-service-centres

WHAT NOW: Once your application is received a Council Officer will contact you if further information is required.

For further information regarding your application please contact us by visiting cityofsydney.nsw.gov.au/contact-us

Part 5: Applicant Declaration

I declare that to the best of my knowledge, the information provided in this application is accurate and correct.

Proprietor Name	Proprietor Signature	Date

Office Use Only

File Number	Entered by (please print name)	Date

Please Note:

If this form is received at a Customer Service Centre, please forward it to the Health and Building Unit on THH Lvl 16