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Office Use Only

Food Number: \_\_\_\_\_

Date: \_\_\_\_\_

Risk:  Very high  High  Medium  Low**Registration Fee:** Registration Only \$90.00**Receipt #** \_\_\_\_\_**Change of Details:** \$Nil

Application made under Local Government Act 1993 &amp; Food Act 2003

## FIXED FOOD PREMISES REGISTRATION FORM

### Section 1

**Business Details**  
**(ALL DETAILS IN THIS SECTION MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED)**

Business Name (please print): \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Company/Owner: \_\_\_\_\_

ABN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Based Business:  Yes  NoIf yes, does the business have development approval:  Yes  No

### Section 2

**Food Safety Supervisor(FSS)**

Food Safety Supervisor Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

*Under section 106C of the Food Act 2003 the proprietor of a food business must appoint at least one food safety supervisor for the premises. There are exemptions for certain businesses and businesses who do not sell unpackaged potentially hazardous food. For more information visit the NSW Food Authority website.*

**Please Note:** If your business requires a FSS, it is an offence not to appoint someone and penalties may be issued.

**FSS Certificate must be supplied with application if FSS is Required by Business.**

### Section 3

**Food Premises Details**

**Type of Food Premises:** Tick most relevant box

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Restaurant               | <input type="checkbox"/> Café             | <input type="checkbox"/> Takeaway Shop             |
| <input type="checkbox"/> Supermarket              | <input type="checkbox"/> General Store    | <input type="checkbox"/> Fruit and Vegetable Store |
| <input type="checkbox"/> Deli                     | <input type="checkbox"/> Coffee Shop      | <input type="checkbox"/> Service Station           |
| <input type="checkbox"/> Licensed Club/Restaurant | <input type="checkbox"/> Bakery           | <input type="checkbox"/> Cake Shop                 |
| <input type="checkbox"/> Bed & Breakfast          | <input type="checkbox"/> Hotel/Motel      | <input type="checkbox"/> Child care centre         |
| <input type="checkbox"/> Canteen/Kiosk            | <input type="checkbox"/> Function centre  | <input type="checkbox"/> Caterer                   |
| <input type="checkbox"/> Chicken/Poultry – retail | <input type="checkbox"/> Seafood – retail | <input type="checkbox"/> Other: _____              |

**Operation/ Business Hours:**  Day-time  Day & night-time  Night-time only

Opening Hours: \_\_\_\_\_

### Section 4

**Additional Information**

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

If yes, which language/s? \_\_\_\_\_

No. of full time equivalent food handlers (based on a 38hr week): \_\_\_\_\_

<b>Section 5</b>  <b>Declaration</b>	<b>I declare that:</b> <input type="checkbox"/> The information I have provided is true and correct to the best of my knowledge. <input type="checkbox"/> I understand the requirement to comply with the legislation under the <i>Food Act 2003</i> and the <i>Local Government Act 1993</i> . Name/s: _____ Signature/s _____ Date: _____  Please send the completed registration form back to Goulburn Mulwaree Council, Locked Bag 22, Goulburn NSW 2580, or email it to <a href="mailto:council@goulburn.nsw.gov.au">council@goulburn.nsw.gov.au</a> .
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