## Richmond Valley Council

Office use only

FD No:



# Food Business Registration / Change of Details

10 Graham Place, CASINO 19-25 Woodburn Street, EVANS HEAD Locked Bag 10, CASINO, NSW, 2470

Locked Bag 10, CASINO, NSW, 2470
Phone: 02 6660 0300 Fax: 02 6660 1300 council@richmondvalley.nsw.gov.au

Property ID:

| (existing foodshop)                       |                            |                                      | Floperty ID. |            |                           |        |  |
|---|----------------------------|--------------------------------------|--------------|------------|---------------------------|--------|--|
| Date Received:                            |                            | Land ID                              |              |            |                           |        |  |
| Notification of                           |                            |                                      |              |            |                           |        |  |
|   |                            |                                      |              |            | ge of de                  | etails |  |
| £ Commercial Food Premises                |                            | £ Mobile food Vehicle (inc trailers) |              |            |                           |        |  |
| £ Food stall                              |                            | £ Home based business                |              | £          | Registered not for Profit |        |  |
|   |                            |                                      |              |            |                           |        |  |
| Food business de                          | etails                     |                                      |              |            |                           |        |  |
| Trading name:                             |                            |                                      |              |            |                           |        |  |
| Unit no: Str                              | nit no: Street No: Street: |                                      |              |            |                           |        |  |
| Suburb:                                   |                            |                                      | Postcode     |            |                           | ode    |  |
| Telephone:                                |                            |                                      |              |            | Mobile:                   |        |  |
| Email:                                    |                            |                                      |              |            | ABN/ACN                   |        |  |
| Business Type                             |                            |                                      |              |            |                           |        |  |
| Number of food handl                      | ing staff                  | Full Time:                           |              | Part Time: |                           |        |  |
| Commencement date of business operation:  |                            |                                      |              |            |                           |        |  |
|   |                            |                                      |              |            |                           |        |  |
| Proprietor / owne                         | rs details                 |                                      |              |            |                           |        |  |
| Business Name:                            |                            |                                      |              |            |                           |        |  |
| Unit No:                                  |                            | Street No:                           |              | Street:    |                           |        |  |
| Suburb:                                   |                            |                                      | Postcode:    |            |                           |        |  |
| Mailing Address (if different from above) |                            |                                      |              |            |                           |        |  |
|   |                            |                                      |              |            |                           |        |  |
| Suburb:                                   |                            |                                      |              | Postcode:  |                           |        |  |
|   |                            |                                      |              |            |                           |        |  |
| Telephone:                                |                            | N                                    |              | Mobile     | Mobile:                   |        |  |
| Email:                                    |                            |                                      |              |            |                           |        |  |
|   |                            |                                      |              |            |                           |        |  |
|   |                            |                                      |              |            |                           |        |  |

| Food safety supervisor details (attach copy of certificate/s) |                          |  |  |  |  |
|---|--------------------------|--|--|--|--|
| Full Name:  |                          |  |  |  |  |
| Telephone:  | Mobile:                  |  |  |  |  |
| Certificate No:   | Certificate Expiry Date: |  |  |  |  |
| Full Name:  |                          |  |  |  |  |
| Telephone:  | Mobile:                  |  |  |  |  |
| Certificate No:   | Certificate Expiry Date: |  |  |  |  |
|   |                          |  |  |  |  |

# Food handling locations List all the locations where food handling occurs that relates to this business (eg storing, washing, preparing, cooking or packaging) Street No. Street Suburb Type of premises (eg home, factory, industrial unit, other)

| Declaration   |                           |      |  |  |  |  |
|---|---------------------------|------|--|--|--|--|
| I declare that t the best of my knowledge, the information provided in this application is accurate and correct |                           |      |  |  |  |  |
| Proprietors name(s) (for companies please list directors)   | Proprietors Signature (s) | Date |  |  |  |  |
|   |                           |      |  |  |  |  |
|   |                           |      |  |  |  |  |
|   |                           |      |  |  |  |  |

**Legislation:** The proprietor of a food business must not conduct the food business unless the proprietor has given written notice, in the approved form, of the information specified in the Food Safety Standards that is to be notified to the appropriate enforcement agency before the business is conducted. Penalties for failure to notify may rage for an individual \$400 upward to over \$800 for a company. (NSW Food Act Cl 100(1))

### **Useful Links:**

NSW Food Act 2003

https://www.legislation.nsw.gov.au/viewtop/inforce/act+43+2003+FIRST+0+N/

### Retail Food Business Information

http://www.foodauthority.nsw.gov.au/retail

### Australian Food Safety Standards

http://www.foodstandards.gov.au/industry/safetystandards/pages/default.aspx

### Food Labelling Guidelines

http://www.foodauthority.nsw.gov.au/\_Documents/industry\_pdf/labelling\_general\_requirements.pdf

### Temporary Food Business Guidelines

http://www.foodauthority.nsw.gov.au/\_Documents/industry\_pdf/temp\_events\_guideline.pdf

### Mobile Food Business Guidelines

http://www.foodauthority.nsw.gov.au/\_Documents/industry\_pdf/Mobile\_Food\_Vending\_Guidelines.pdf

### Home Based Food Business Guidelines

http://foodauthority.nsw.gov.au/\_Documents/industry\_pdf/Home\_Based\_Food\_Businesses.pdf