



LATROBE COUNCIL

170 Gilbert Street (PO Box 63) LATROBE TAS 7307
PH 6426 4444 FAX 64262121

Food Act 2003
Sections 87 & 89

Application for Renewal of a Food Business

☺ If no details have changed since last year's renewal please tick this box and fill in shaded areas.

☐ Please don't forget to sign and date over page

Food Business Proprietor's Details

Name of applicant

ACN (if a Company)

Address

Postal address if different Postcode

Telephone Mobile Phone

Facsimile Email

Skills and Knowledge

Details of skills and knowledge (food safety qualifications, training or experience) of the proprietor and food handlers (please attach details if insufficient space).

.....

.....

Business Details

Location of business.....

Name of business

Contact person

Phone Email

Please provide contact details of best available person if inspections need to be coordinated for sporting club, service group or community organisation etc.

Registration Number for van/trailer etc

Address where vehicle garaged

Emergency contact Telephone

Type of business (eg. Cafe, home kitchen, Restaurant, bakery)

Do you also require a market stall state wide registration Yes No

Please continue over the page

Types of food
.....

Proposed hours of operation (or attendance on site for inspections):

Mon Tue Wed Thu
Fri Sat Sun

Details of any proposed or operational quality assurance program, food safety plan or other approved food safety management system (Please attach details if insufficient space).
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Details of any raw egg product manufactured on the premises (eg; aioli, mayonnaise, eggnog, ice cream recipe with uncooked meringue mixture folded in, etc).
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Plans and Specifications - **new or altered food businesses only**

For new or altered premises please attach plans and specifications or other information clearly showing the design, fitting out and arrangement of plant equipment for the proposed use.

Fee and Signature

Signature of applicant for registration/renewal Date/...../.....

Please tick ☐ Direct deposit if taking this option -Account Number 28018319 BSB 067600 Use Business Name or Surname as the reference. ☐ Credit Card ☐ Cheque ☐ Cash Application will be processed upon receipt of payment.

Privacy Statement: Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of Latrobe Council and the Department of Health and Human Services in order to advance the purposes of this form and carry out business required by the *Food Act 2003*. The *Personal Information Protection Act 2004* and Council's Privacy policy regulate the use of this information, which will not be disclosed to any other party, except with your permission or if required or authorised by law. You may make application to access or amend personal information held by Council on 03 64264444.

Please lodge your completed form and application fee with the Environmental Health Officer of the Council

Office Use Only

Receipt No.:

Date:/...../.....