**Postal** PO Box 156

**Address:** LONGFORD TAS 7301 **Location:**

 13 Smith Street

 LONGFORD TAS 7301

**Phone:** (03) 6397 7303

**Email:** Council@nmc.tas.gov.au

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| **FOOD BUSINESS APPLICATION FORM** | *Food Act 2003* Sections 84, 87, 89  |
| Application to be used for the **Notification, Registration, or Renewal** of a Food Business  |
| **PART 1: TYPE OF APPLICATION**  |  |
| * I am notifying my intention to operate a new food business (s84); or
* I am applying to register a food business (s87); or
* I am applying to renew a food business’ registration (s89)

  |  |
| **PART 2: TYPE OF BUSINESS** **(Tick one box Only)** |  |
| * I am taking over an existing food business. Previous Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I intend to operate from a fixed address.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I intend to operate a mobile food structure.

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| --- | --- |
| Type of Food Structure ie. van, trailer, market stall, other |  |
| Is a State-wide Licence required ie. permitted to operate throughout Tasmania  | Yes / No  |
| Where will the mobile food vehicle be garaged? Only applicable if a registered vehicle |  |
| Do you intend to nominate a Council approved set down area? Only applicable if a registered vehicle | If yes, where?  |

* I intend to operate at a mobile food structure at the following event.

Name of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_* I intend to apply for “**not for profit**” status. If so, you **MUST** provide a Certificate from the ATO granting your organisation this status with this application, otherwise full fees will be applied.
 |
| **PART 3: APPLICANT’S DETAILS**  |  |
|  Applicant’s Full Name (name of the individual or company that will carry on the food business):  |  |
|   |

 Business Address

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |
| Postal Address (if different from business address):  |
|   |  |  |
| Business Phone Number/Mobile:  |  |  |   |  | ABN / ACN Number  |
|   |  |  |  |  |  |
| Email Address:  |  |  |  |  |  |
|   |  |  |
|   |  |  |  |  |  |
| **PART 4: FOOD BUSINESS DETAILS** |  |
| Trading Name:  |  |  |  |  |  |
|   |  |

Address of Fixed Food Premises (If applicable)

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Email Address and Contact No.

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# PART 5: FOOD AND FOOD HANDLING ACTIVITIES

List the types of foods to be sold (please attach details if insufficient space, a menu or product list may suffice):

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|      |

Types of food handling activities or processes to be used (tick which apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No Processing  |   | ☐  | Cook-chill / sous vide  | ☐  |
| Cooking  |   | ☐  | Packaging / Repacking / Labelling  | ☐  |
| Cooling  |   | ☐  | Preparation in advance ( >4 hours)  | ☐  |
| Reheating ☐ | Hot-holding / Cold-holding  | ☐ |
| Other (specify): ☐ |  |

# PART 6: FOOD BUSINESS LAYOUT – MOBILE FOOD BUSINESS

 For mobile food businesses: please attach an A4 plan or photographs clearly depicting the layout of your vehicle, cart, tent, booth or other mobile structure. Refer to the *Guidelines for Mobile Food Businesses* for more information.

# PART 7: FOOD PREPARATION & STORAGE – MOBILE FOOD BUSINESS

 If any food sold from a mobile food business is to be prepared and/or stored at another location not mentioned above, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space:

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# PART 8: APPLICANT DECLARATION

I declare that the information provided on this form is true and correct.

I understand and agree that information on this form, and about the business and its on-going operation, may be shared between Authorised Officers, councils, and other jurisdictions to assess this application and the business’ compliance with the *Food Act 2003*.

 I consent to receiving communications about this application in electronic form.

 Applicant Name: Applicant Signature: Date:

Please contact the Council’s Health Department on (03) 6397 7303 or email health@nmc.tas.gov.au for relevant fees.

# OFFICE USE ONLY

|  |  |  |
| --- | --- | --- |
|  | **Date Issued:**  |  |

**Receipt No:**

# PRIVACY STATEMENT

The Northern Midlands Council abides by the *Personal Information Protection Act 2004* and views the protection of your privacy as an integral part of its commitment towards complete accountability and integrity in all its activities and programs.

**Collection of Personal Information:** The personal information being collected from you for the purposes of the *Personal Information Protection Act, 2004* and will be used solely by Council in accordance with its Privacy Policy. Council is collecting this information from you in order to process your building application.

**Disclosure of Personal Information:** Council will take all necessary measures to prevent unauthorised access to or disclosure of your personal information. External organisations to whom this personal information will be disclosed as required under the *Building Act 2000*. This information will not be disclosed to any other external agencies unless required or authorised by law.

**Correction of Personal Information:** If you wish to alter any personal information you have supplied to Council please telephone the Northern Midlands Council on (03)6397 7303. Please contact the Council’s Privacy Officer on (03)6397 7303 if you have any other enquires concerning Council’s privacy procedures.