

# Food Premises Registration

Under the Food Act 2003 and Food Regulation 2004

Expiry Date: 30 June 2018

## About this form

Use this form to register the operation of a food premises and provide details of the proprietor of a food premises to Woollahra Municipal Council.

## Documentation

Council's Environmental Health Officer may require proof of Place of Residence.

## Lodgement

Please see below

## Any questions

Phone Customer Service on (02)9391 7000, or call in personally (see page 2)

## ▼ Food Premises Proprietor's Details

### 1. Proprietor's name, residential address and contact details.

*This is where you provide your personal details. The business details must be provided below.*

Title: Mr  Mrs  Miss  Ms  .....

Name of Proprietor: .....

Residential Address of Proprietor: ..... Post Code: .....

Phone: (B) (....)..... Fax: (....) .....

Phone: (H) (....) ..... E-mail: .....

Contact person (Only if a company etc) .....

## ▼ Food Premises Details

### 2. Details of approvals granted to operate, approved hours of operation, and the type of food production/sale.

*You cannot carry on any business activity unless a valid development consent exists or existing use rights exist.*

Development Consent No: .....

Hours of operation approved under Development Consent: .....

Opening Hours: .....

Construction Certificate No: (new premises) .....

Description of food production or sale activity that has Development Consent: .....

## ▼ Business Details

### 3. Business & Company Names, address and contact details.

*This is where you provide the address of the food premises and business related details.*

Name of Business: .....

Name of Company: .....

Australian Company Number: .....

Address of Business: ..... Post Code: .....

Phone: (B) (....)..... Fax: (....) .....

Phone: (H) (....) ..... E-mail: .....

Contact person (Only if a company etc) .....

Insurance Policy Number. ....

To be completed by Council's Cashier and Customer Service Officer.

GST may be applicable (pls check receipt)

*Retain your receipt as proof of lodgement of the application.*

☒ Receiving Officer: ..... Date: .....

☒ Cashier: ..... Date: .....

Fee Type	Fee	Receipt Code
Annual Administration Charge	\$123.00	T541
Total:		

## How to lodge this registration form

**Address the application to:** The General Manager  
Woollahra Municipal Council

**You can send it to us by any of the following methods**

**Post:** PO Box 61  
Double Bay 1360

**DX:** DX 3607 Double Bay

**Courier or personal delivery:** Council Chambers  
536 New South Head Road  
Double Bay NSW 2028

**How to contact us by phone, fax or electronically**

**Phone:** (02) 9391 7000

**Fax:** (02) 9391 7044

**Email:** [records@woollahra.nsw.gov.au](mailto:records@woollahra.nsw.gov.au)

**Web:** [www.woollahra.nsw.gov.au](http://www.woollahra.nsw.gov.au)

**Who to contact:** The Environmental Health Officer handling your registration in the Compliance Department.

*If you wish to discuss a proposal with one of our Environmental Health officers, it's essential that you arrange an appointment. We recommend that you consult with a Council Environmental Health officer before lodging this form.*

*If you need assistance in determining if a valid development consent exists for the property you should speak with Council's Customer Service Officers and carry out a Development Application history check of the property. Please note a fee is payable for this service.*

### Fees

Woollahra Municipal Council charges an annual Administration Charge of \$123.00 levied under the *Food Amendment Act 2007*. The charge is for the maintenance of the required Food Premises Register and the routine reporting of Council's activities to the NSW Food Authority.

'Food Premises inspection' fees are payable as and when inspections are carried out by Council's Environmental Health Officers. The inspection fee charge is \$87.00 for an inspection up to 30 minutes (including travelling) and \$168.00 for any inspection over 30 minutes (including travelling)

### Payment methods

In Person

Payment can be made at our Customer Service Centre by the following methods: cash, EFTPOS, cheque, Money Order (make payable to Woollahra Council) or by credit card — American Express, Diners Club, MasterCard or Visa. Credit card payment will incur a processing fee.

By Mail

For credit card payments, please complete the attached "Credit Card Payment" form.

For cheque payments, please make payable to Woollahra Council.

### Making a personal visit?

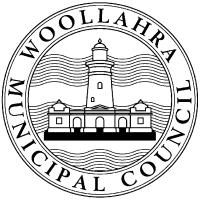
Woollahra Council is located at 536 New South Head Road, Double Bay. We look forward to seeing you.

**Bus or Rail:** Train to Edgecliff and take the bus or walk from the interchange at the Edgecliff Centre.

**Parking:** Short term customer parking spaces are available on site. On street parking in nearby streets is also available.

## Privacy notification

The personal details requested on this form are required under the *Local Government Act 1993 and the Food Act 2003* and will only be used in connection with the requirements of this legislation. Access to this information is restricted to Woollahra Municipal Council officers and other people authorised under the Acts. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.



# Credit Card Payment Form

**All credit card payment will incur a processing fee currently 1%**

Payments should be sent to: Woollahra Council  
536 New South Head Road  
DOUBLE BAY NSW 2028

OR

PO Box 61  
DOUBLE BAY NSW 1360

OR

DX 3607 DOUBLE BAY

### Credit card payment

*This matter will not be processed until the credit card payment has been authorised*

Tick Applicable Credit Card	<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA																							
Full Name on Credit Card																								
Credit Card No.					--																			
Card Expiry Date			--			Total Amount Paid														\$				
Cardholder's Signature																								
Date											Contact Phone No.													

### Reason for payment

*Please indicate in this section the reason for the payment and any other applicable information.*

Payment For \_\_\_\_\_

Council Reference Eg. DA No.etc \_\_\_\_\_

Address (where applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PRIVACY NOTIFICATION

The personal details requested on this form are being collected, and will only be used for, the purpose of processing your payment. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council will not be able to process your payment. Access to the information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.

OFFICE USE ONLY	Payment Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cashier	_____	
	Date	_____	