

Food Premises Registration

| Under the Food Act 2003 | and Food Regulation 2015 | | | | Effectiv | ve from July 2023 to June 2024 |
|--|--|---------------------|-----------|----------------|-----------------|--------------------------------|
| File reference: (Office Use Only) | | | | | | |
| About this form | | | | | | |
| Use this form to regist Woollahra Municipal C | er the operation of a food procouncil. | emises and | provide (| details of the | proprietor of a | food premises to |
| Documentation | | | | | | |
| | Ith Officer may require proof | | | | | |
| | mer Service Centre on (02) 9 | 9391 7000 fc | r any as | sistance. | | |
| Food Premises Pro | oprietor's details | | | | | |
| Title: | | | | | | |
| Name: | | | | | ABN / ACN: | |
| Address: | | | | | | |
| Phone: | | Ema | iil: | | | |
| Food Safety Super | visor (FSS) details | | | | | |
| Name: | | | | FSS Certi | ficate no: | |
| Date issued: | | Refresher due date: | | | | |
| Business details (F | Provide the address of the | food prem | ises and | d business ı | related details | s) |
| Business name: | | | | | | |
| Business address: | | | | | | |
| Company name: | | | | | ABN / ACN: | |
| Business type: | | | | | | |
| Phone: | | | | Ema | il: | |
| Contact: (only if company) | | | Insura | nce Policy n | o: | |
| Signatures | | | | | | |
| confirm that the information provided in this form is true and correct and I acknowledge that the lodgement of this form does not authorise commencement of operations. Operations should not commence until a Food & Health Officer of Council has inspected the premises and confirmed the premises are compliant with all relevant legislation. | | | | | | |
| | | | | | | |
| Name | | | | D: | nte | |

| Consent details | 5 | | | | | |
|--|----------------------------|--|---------------------------|---|------------|--------------|
| • • • | - | o operate, approved hours ess activity unless a valid develop | | • | | ale. |
| Development Co | nsent no: | | | | | |
| Hours of operation approved under Development Co | | | | | | |
| Opening hours: | | | Construction | n Certificate no: (New premises) | | |
| Description of sa that currently has Development Co | 5 | | | | | |
| | | | | | | |
| Diagram/plan of | premises la | yout attached: | □ No | <u> </u> | | |
| Fees | | | | | | |
| | is for the m | n annual Administration C naintenance of the required thority. | | | | |
| The inspection fee | e charge is \$ | es are payable as and whe 104 for an inspection up to utes (including travelling). | | | | |
| Privacy and co | nditions o | f use | | | | |
| For more informat | tion about Pi | rivacy & Personal Informat | tion Policy: <u>www.w</u> | oollahra.nsw.gov.a | au/privacy | |
| Lodgement det | ails | | | | | |
| Who to contact: The Food & Health Officer in the Compliance Department handling your registration and subsequent inspections. If you wish to discuss a proposal with our Food & Health officers, it is essential that you arrange an appointment. We recommend that you consult with the Food & 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 staff and carry out a Development Application history check. Please note a fee is payable for this service. | | | | | | |
| Mail to: | | Municipal Council Double Bay 1360 | In person: | Council Chambe 536 New South I Double Bay NSV | Head Road | d |
| Email: | records@v | voollahra.nsw.gov.au | Telephone: | (02) 9391 7000 | | |
| Website: | www.wooll | ahra.nsw.gov.au | | | | |
| cheque (make ch | nade at our eques payat | Customer Service Departrole to Woollahra Council), or a processing fee. | | | | |
| OFFICE USE ONL | Υ | | Fee type | Fe | P | Receipt code |
| | | ashier and Customer | Annual administra | | | T541 |
| GST may be appli | cable (refer re | ecint) | | | | |

Total

Date:

Cashier:

Retain your receipt as proof of lodgement of the application



Payment Form

Payment methods

Payment in person at Council's Customer Service Centre can be made in cash, EFTPOS, cheque or money order or credit card (American Express, MasterCard and Visa).

Payment details

All credit card payments will incur a processing fee of 0.55%.

Separate cheques are required for integrated development fees to the relevant body. Cheques and money orders are payable to **Woollahra Council.**

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

PO Box 61 DOUBLE BAY NSW 1360

Privacy notice

The personal information in this form is required under the Environmental Planning and Assessment Act 1979 and will only be used for processing of payments. If you do not provide the information, Council will not be able to process your payment and application. Payment information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may request amendment of any personal information held by Council that is incorrect.

| Payment particulars | | | | | | | |
|-----------------------|--------|------|----------------------|----------------|---------|--|--|
| Payment for: | | | | | | | |
| Council reference: | | | | | | | |
| Application address: | | | | | | | |
| Credit card details | | | | | | | |
| Card type: | ☐ Visa | | ☐ MasterCard | ☐ American | Express | | |
| Card number: | | | | | | | |
| Cardholder name: | | | | Expiry date: | | | |
| Total amount paid \$: | | | | CVV: | | | |
| Cardholder signature: | | | | Contact number | | | |
| | | | | | | | |
| | | | | | | | |
| OFFICE USE ONLY | | | | | | | |
| Cashier's name: | | | Cashier's signature: | | | | |
| Payment processed: Ye | s 🗆 | No 🗆 | | Date: | | | |