

FOOD BUSINESS UPDATE

OFFICE USE ONLY

Category:

Year:

Part 1: Applicant details

1. Trade Name

2. Location of the property

Unit No House No Street.....
Suburb.....

3. Proprietor name, address etc

Company Name

Main Contact: Position:

or

Sole Trader

Title Mr Mrs Miss Ms Other.....

Family name

Given names

Contact Details

Postal address.....

..... Post Code

Phone

After hours phone

Fax

E-mail.....

Part 2: Business Details

4. Type of business

	Business Type	Yes		Business Type	Yes
a	Airline Caterer	<input type="checkbox"/>	r	Supermarket	<input type="checkbox"/>
b	Bakery retail hot bread, cakes	<input type="checkbox"/>	s	Takeaway Foods	<input type="checkbox"/>
c	Canteen/kitchen	<input type="checkbox"/>	t	Bakery Wholesale	<input type="checkbox"/>
d	Caterer	<input type="checkbox"/>	u	Distributor	<input type="checkbox"/>
e	Charitable or Community Organisation (See Part 3)	<input type="checkbox"/>	v	Farm Produce	<input type="checkbox"/>
f	Childcare Centre	<input type="checkbox"/>	w	Mobile Caterer Offsite	<input type="checkbox"/>
g	Delicatessen	<input type="checkbox"/>	x	Nursing Home	<input type="checkbox"/>
h	Fruit & Vegetable Retail	<input type="checkbox"/>	y	Food Packer	<input type="checkbox"/>
i	Grocery Retail	<input type="checkbox"/>	z	Home Delivery	<input type="checkbox"/>
j	Health Food Shop	<input type="checkbox"/>	aa	Hospital	<input type="checkbox"/>
k	Hotel / Motel / Guesthouse / Bed & Breakfast	<input type="checkbox"/>	ab	Restaurant / Café	<input type="checkbox"/>
l	Kiosks	<input type="checkbox"/>	ac	Storage Business	<input type="checkbox"/>
m	Licensed Club	<input type="checkbox"/>	ad	Street carts & Stalls	<input type="checkbox"/>
n	Poultry Retail	<input type="checkbox"/>	ae	Manufacturer / Processor	<input type="checkbox"/>
o	Pub / Tavern	<input type="checkbox"/>	af	Meals-on-wheels	<input type="checkbox"/>
p	Retailer	<input type="checkbox"/>	ag	Mobile Food Operator	<input type="checkbox"/>
q	Seafood Retail	<input type="checkbox"/>	ah	Transporter of Foods	<input type="checkbox"/>
			ai	Other	<input type="checkbox"/>

5. Number of full time food handlers (or equivalent)

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See attached letter to assist in calculating

Part 3: Charitable Community Organisation

6. In order to proceed with this application as a Charitable Community Organisation please confirm either of the following

- The Organisation has been established solely for a charitable purpose under the Collections Act 1966 and the Organisation is registered as a charity with the Australian Taxation Office, or
- The Organisation is a not for profit community organisation that operates for the general welfare of the community.

Part 4: Signature

7. Your declaration

I declare that all the information given is true and correct.

Name: Position:

Signature Date

How to lodge

Post:

Singleton Council
PO Box 314
Singleton NSW 2330

Person:

Singleton Council
Civic Centre
Queen Street
Singleton NSW 2330

Fax:

(02) 65724197

Email:

council@singleton.nsw.gov.au