



# FOOD BUSINESS UPDATE

OFFICE USE ONLY

Category: .....

Year: .....

## Part 1: Applicant details

<b>1. Trade Name</b>	.....
<b>2. Location of the property</b>	Unit No ..... House No ..... Street..... Suburb.....
<b>3. Proprietor name, address, ABN</b>	Company Name .....
<b>or</b>	ABN: .....
<b>Sole Trader</b>	Main Contact: ..... Position: .....
<b>Contact Details</b>	or Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other..... Family name .....
	Given names .....
	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"/>
		<input type="checkbox"/>	ai	Other .....	<input type="checkbox"/>

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

.....  
The award for retail premises employees generally involves a 38hr/week.  
The number of full time equivalent (FTE) food handlers can be calculated as below:  
No. of food handlers X Time handling food per week (hrs)  
38 hrs

**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:** [ssc@singleton.nsw.gov.au](mailto:ssc@singleton.nsw.gov.au)