



Food Business Registration Form

Lic No: /

Privacy Statement:

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

General

Business Trading Name:

(as registered with Office of Fair Trading)

New premises

Change of proprietor

Update details

Date shop was opened/ownership changed/or ceased to trade:

New Premises/Change of Use

Have you obtained:

Development Consent/Complying Development Certificate: N/A Yes No

Construction Certificate for the premises fit-out: N/A Yes No

A Valid Outdoor Dining Permit: N/A Yes No

Premises and Business Details

Shop No:

Street No:

Street Name:

Suburb:

Postcode:

Business Phone:

Fax:

ABN/ACN:

Operating Hours:
(opening hours and days)

Registered Email:

Proprietor's Details

Proprietor 1 (no PO Boxes or shop addresses)

Mr/Mrs/Miss

Surname:

First Name:

Address:

Phone No:

Mobile:

Proprietor 2 - if applicable (no PO Boxes or shop addresses)

Mr/Mrs/Miss

Surname:

First Name:

Address:

Phone No:

Mobile:

Company Details – if applicable (registered office address details)

Name:

Address:

Registered Email:

Food Supervisor Details

Food Safety Supervisor Name:

Contact Number:

Certificate Number:

Certificate Issue Date:

Other Languages Spoken (please tick ✓)							
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnamese				
<input type="checkbox"/> Korean	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other:					
Email Authorisation to receive correspondence by email							
I authorise Campbelltown City Council to serve my assessment/inspection reports, invoices and where applicable, all applications, notices and orders for the abovementioned premises by electronic mail (email).							
<input type="checkbox"/> Yes		<input type="checkbox"/> No – Please send all correspondence via post to the proprietor's address					
Applicant Declaration							
I declare that to the best of my knowledge, the information provided in this application is accurate and correct and I am duly authorised to submit this form.							
Applicant's Name:				Signature:			
Position:				Date:			
How to lodge this registration form							
Address this registration form to: The General Manager, Campbelltown City Council							
Please forward this registration form by way of:							
Mail: PO Box 57, Campbelltown NSW 2560				Courier or Personal Delivery:			
Fax: 02 4645 411				Council Office			
Email: council@campbelltown.nsw.gov.au				Cnr Queen and Broughton Streets			
				Campbelltown NSW 2560			
Office Use Only - Food Business Category							
Is this premise a 'standard food outlet' (Fast Choice) <input type="checkbox"/> Yes <input type="checkbox"/> No							
High Risk (2 inspections per year) (ADMIN FEE)							
FH1A01	<input type="checkbox"/>	NFSS	Supermarket	FH1A02	<input type="checkbox"/>	FSS	Bakery/Cake Shop
FH1A03	<input type="checkbox"/>	NFSS	Delicatessen	FH1A04	<input type="checkbox"/>	FSS	Café/Coffee Shop
FH1A05	<input type="checkbox"/>	FSS	Restaurant/Family Restaurant	FH1A06	<input type="checkbox"/>	FSS	Take Away
FH1A07	<input type="checkbox"/>	FSS	Charcoal Chicken	FH1A09	<input type="checkbox"/>	FSS	Poultry/Take Away/Fish
FH1A08	<input type="checkbox"/>	FSS	Club/Hotel Bistro/Accommodation (Single Prep Area)				
FH1A10	<input type="checkbox"/>	NFSS	Unprepared Fish	FH1A11	<input type="checkbox"/>	FSS	Supermarket/Multi Service
FH1A12	<input type="checkbox"/>	FSS	Clubs/Multi-Prep Areas Food Service				
High Risk (2 inspections per year) (NO ADMIN FEE)							
FH2N01	<input type="checkbox"/>	NFSS	School Canteen	FH2N02	<input type="checkbox"/>	NFSS	Child care food service –CCC
FH2N03	<input type="checkbox"/>	NFSS	Child Care food service – Private				
FH2N04	<input type="checkbox"/>	NFSS	Boarding house/Non Profit/Charities				
Medium Risk (1 inspection per year) (ADMIN FEE)							
FM1A01	<input type="checkbox"/>	NFSS	Fruit/Veg/Grocery - AF				
FM1A02	<input type="checkbox"/>	NFSS	Pre-Packaged Food – Minimal Food Prep				
FM1A03	<input type="checkbox"/>	FSS	Convenience Store/Service Station unpackaged				
FM1A04	<input type="checkbox"/>	NFSS	Convenience Store/Service Station pre-packaged				
FM1A05	<input type="checkbox"/>	NFSS	Mobile Food Vendor Coffee Min Food Prep				
FM1A06	<input type="checkbox"/>	FSS	Mobile Food Vendor Coffee Unpackaged				

DATA AND DOCUMENT CONTROL

Medium Risk 2 (1 inspection per year) (No Admin Fee) CFSS out LGA			
FM2N01	<input type="checkbox"/>	NFSS	Mobile Food Vendor/Coffee/Prepack Food NA OLGA
FM2N02	<input type="checkbox"/>	FSS	Mobile Food Vendor – Food Prep/Coffee NA OLGA
Low Risk 1 (No Inspections) (NO ADMIN FEE) (NFSS)			
FL1F04	<input type="checkbox"/>	Temporary Food Stalls – Events/Markets	FLR06 <input type="checkbox"/> Tobacconists
Low Risk 2 (No inspections) (NO ADMIN FEE) (No NFSS)			
FL2N01	<input type="checkbox"/>	Catering Pre-Packaged	FL2N02 <input type="checkbox"/> Confectionary Shop
FL2N03	<input type="checkbox"/>	Variety Store – Packaged Food	FL2N04 <input type="checkbox"/> Chemist
FL2N05	<input type="checkbox"/>	Newsagents	FL2N06 <input type="checkbox"/> Tobacconists
FL2N07	<input type="checkbox"/>	Service Station – Packaged Food	FL2N08 <input type="checkbox"/> Video Shop
FL2N09	<input type="checkbox"/>	Childcare (Low Risk)	FL2N10 <input type="checkbox"/> School – Canteen (not operating)
FL2N11	<input type="checkbox"/>	Butchers	FL2N12 <input type="checkbox"/> Hospitals & Institutions
FL2N14	<input type="checkbox"/>	Food Manufacturers	FL2N15 <input type="checkbox"/> Home Business (Low Risk)
FL2N16	<input type="checkbox"/>	Temporary Food Stalls – 1 day	FL2N17 <input type="checkbox"/> To be allocated
FL2N18	<input type="checkbox"/>	Teaching Kitchens	
Environmental Health Officer's Report:			
Inspected by:		Inspection passed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:		Date:	
Data Input by:		Licence Number:	
Next Inspection Date:		Admin Fee Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	