

**CITY STANDARDS AND COMPLIANCE**

Cnr Queen Street and Broughton Street
(PO Box 57) Campbelltown NSW 2560

Phone (02) 4645 4000 - Fax (02) 4645 4111

Mobile Food Vehicle 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☐ New mobile food vehicle☐ Update details

Date mobile food vehicle commenced/ownership changed or ceased to trade:

Business Details

Business Trading Name:
(as registered with Office of Fair Trading)

Business Phone:

Fax:

ABN/ACN:

Registered Email:

Vehicle Details

Make:

Model:

Registration Number:

Address where vehicle will be garaged

Street No:

Street Name:

Suburb:

Post code:

Proprietor Details

Proprietor 1 - All correspondence and invoices will be sent to this proprietor (No PO Boxes/shop address details accepted)

☐ Mr☐ Mrs☐ Miss☐ Ms☐ Other

Surname:

First Name:

Address:

Phone Number:

Mobile:

Proprietor 2 (if applicable. No PO Boxes/shop address details accepted)

☐ Mr☐ Mrs☐ Miss☐ Ms☐ Other

Surname:

First Name:

Address:

Phone Number:

Mobile:

Company Details (if applicable)

Name:

Address: (Registered office address)

Food Supervisor Details

Food Safety
Supervisor Name:

Contact Phone Number:

Certificate Number:

Certificate Issued Date:

DATA AND DOCUMENT CONTROL

Section: City Standards and Compliance
Record No: CDO-23/325

Revised Date: 19/05/2023
Review Date: 30/06/2025

Version: 8
Page 1

Food Preparation – details of premises where foods will be prepared/stored/purchased			
Premises Name:			
Premises Address:			
Type of food and/or beverage to be served/sold			
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 business 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: <div style="display: flex; justify-content: space-between;"> <div> Mail: PO Box 57, Campbelltown NSW 2560 Fax: 02 4645 411 Email: council@campbelltown.nsw.gov.au </div> <div> Courier or Personal Delivery: Council Office Cnr Queen and Broughton Streets Campbelltown NSW 2560 </div> </div>			

Office Use Only - Food Business Category			
Medium Risk (1 inspection per year) (ADMIN FEE)			
FM1A05	<input type="checkbox"/>	NFSS	Mobile Food Vendor Coffee
FM1A06	<input type="checkbox"/>	FSS	Mobile Food Vendor Coffee / Food Prep
Medium Risk 2 (1 inspection per year) (NO ADMIN FEE) CFSS outside the Local Government Area			
FM2N01	<input type="checkbox"/>	NFS	Mobile Food Vendor/Coffee/Prepack Food NA OLGA
FM2N02	<input type="checkbox"/>	FSS	Mobile Food Vendor – Food Prep/Coffee NA OLGA
Inspected by:		Inspection passed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:		Date:	
Data Input by:		Licence Number:	
Next Inspection Date:			