

Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10) - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council by telephoning 4227 7111.

FOOD BUSINESS NUMBER FP-

(for Office use only)

Please complete all fields on this form, in the relevant sections and place a tick/cross in the appropriate boxes . Please sign the completed form and forward to Wollongong City Council. **You will need to contact Council for an inspection prior to the operation of your business.**

SECTION 1 TYPE OF BUSINESS

<input type="checkbox"/> Bakery	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> School Canteen	<input type="checkbox"/> Other
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Fruit Shop	<input type="checkbox"/> Seafood
<input type="checkbox"/> Caterer	<input type="checkbox"/> Hotel	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Childcare Centre	<input type="checkbox"/> Mobile Food Van	<input type="checkbox"/> Takeaway
<input type="checkbox"/> Club	<input type="checkbox"/> Motel	<input type="checkbox"/> Temporary Stall
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Pizza	<input type="checkbox"/> Water Carter
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Restaurant	

SECTION 2 BUSINESS NAME

Name

SECTION 3 APPLICANT

ABN	<input type="checkbox"/> Owner	<input type="checkbox"/> Occupier	<input type="checkbox"/> Other
Name	Company Name		
Address	Contact Phone		
Preferred Address for Correspondence and Invoice	Email Address		
Signature 	Date		

SECTION 4 ADDRESS OF PREMISES

Lot No and DP			
Unit/Street No Shop No (if applicable)	Street Name		
Suburb	Postcode		

SECTION 5 CHARITABLE OR NON-PROFIT ORGANISATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES , registered charitable number
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SECTION 6 NUMBER OF FULL-TIME EQUIVALENT (EFT) FOOD HANDLERS

Please tick the box that indicates the number of staff that work at your business as full-time equivalent food handlers	<input type="checkbox"/> 5 or less	<input type="checkbox"/> 6 to 50	<input type="checkbox"/> 51 or more
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SECTION 7 FOOD SAFETY SUPERVISOR

(APPLICABLE FOR RESTAURANTS, CAFES, TAKEAWAYS, CATERERS, BAKERIES, PUBS, CLUBS AND SUPERMARKETS)

Name	Certificate No	
	Expiry Date	
Please indicate	<input type="checkbox"/> New Premises	<input type="checkbox"/> Existing Premises
	<input type="checkbox"/> Development Application No	/
Note:	This notification <u>does not</u> constitute development consent or preclude the need for development consent under the EP&A Act 1979 or the Local Government Act 1993	