

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.**

Note: This notification does not constitute development consent or preclude the need for development consent under the Environmental Planning and Assessment Act 1979 or the Local Government Act 1993

SECTION 1 ADDRESS OF PREMISES

Please indicate New Premises Existing Premises Development Application No ____/____

Lot No and DP

Unit / Street No

Shop No (if applicable)

Street Name

Suburb

Postcode

SECTION 2 TYPE OF BUSINESS

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

Note : Home based food businesses are prohibited within the Wollongong Local Government Area

SECTION 3 BUSINESS NAME

Name

SECTION 4 APPLICANT

ABN

Owner

Occupier

Other

Name

Company Name

Address

Contact Phone

Preferred Address
for Correspondence and Invoice

Email Address

Signature 

Date

FOOD BUSINESS NOTIFICATION

Australian and New Zealand Food Standards Code – Standards 3.2.2 – Clause 4

FORM

SECTION 5 VEHICLE DETAILS

Will a mobile food vehicle be used? No Yes (please enter details below)

Vehicle registration number

Vehicle Make

Vehicle Model

SECTION 6 CHARITABLE OR NON-PROFIT ORGANISATION

Yes

No

If **YES**, registered charitable number

SECTION 7 NUMBER OF FULL-TIME EQUIVALENT FOOD HANDLERS

Please tick the box that indicates the number of staff that work at your business as full-time equivalent food handlers

5 or less

6 to 50

51 or more

SECTION 8 FOOD SAFETY SUPERVISOR

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

Name

Certificate No

Expiry Date