



APPLICATION FOR REGISTRATION/CHANGE OF PROPRIETORSHIP FOOD PREMISES

☐ NEW

☐ CHANGE OF PROPRIETORSHIP

PROPERTY DETAILS

Address:

Business Name:

Phone No.:Fax No.:

ABN No.:Commencement Date:

Type of Business:

APPLICANT'S DETAILS

Proprietors Name (in full):

Proprietor's Private Address:

PROPRIETOR'S SIGNATURE

Signature: Date :



In Person

Present the completed form to
Customer Service Centre
Upper Ground Floor of Civic Tower,
66-72 Rickard Road, Bankstown.



Mail

Cheques to be made Payable to "Bankstown City Council".
Enclose the completed application form and send to:
Bankstown City Council
Attn: Customer Service
PO Box 8, Bankstown NSW 1885

OFFICE USE ONLY

Environmental Health Officers Report

a) Is DA Required:- Yes ☐ No ☐
Existing DA ☐ DA No.:

b) Does the premises comply with the Food Act 2003 and Australian Standard No. 4674 - 2004

c) Design, Construction & Fitout of Food Premises? Yes ☐ No ☐

Recommended that the registration application be:-

Approved ☐

Refused ☐

Withheld ☐

Comments:

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Environmental Health Officer

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Date

PRIVACY STATEMENT

You will need to provide personal information to Council in respect of this application. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) to collect, maintain & use your personal information in accordance with the Privacy Principles & other relevant requirements of the PPIPA. For further clarification please contact the Privacy Contact Officer at Council.

BANKSTOWN CITY COUNCIL PO Box 8, Bankstown NSW 1885 **PH** 02 9707 9400 **FAX** 02 9707 9495 **DX** 11220 **ABN** 38 380 045 375
CUSTOMER SERVICE CENTRE Upper Ground Floor, Civic Tower, 66-72 Rickard Rd, Bankstown **PH** 02 9707 9999
Hours 8.30am - 5.00pm Monday to Friday **EMAIL** council@bankstown.nsw.gov.au

www.bankstown.nsw.gov.au