

Environmental Services  
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*Privacy:*

The personal information that you have provided in this Form is for Council purposes only and will be viewed by Councillors and Council staff only

## FOOD PREMISES REGISTRATION APPLICATION FORM

### PREMISES TO BE REGISTERED:

Trading name of premises:.....

ABN/ACN:.....

Business Address: Shop No..... Street No..... Street Name.....

.....Suburb:.....Postcode:.....

### PROPRIETOR DETAILS:

Name:.....Phone (Home):.....

Residential Address:.....Postcode:.....

Suburb:.....Phone (Business):.....

### DETAILS OF PREMISES:

Type of food premises (ie restaurant, bakery, take away).....

Trading Hours:.....

ANZFA Priority Classification:..... Number of Food Handlers:.....

### PROPRIETOR'S AUTHORITY:

I hereby apply for registration of the food premises described in this application.

Signature of Proprietor:.....Date:.....