



GLAMORGAN SPRING BAY COUNCIL

PO Box 6 Triabunna TAS 7190
Phone: 6256 4777 Fax: 6256 4774
Email: health@freycinet.tas.gov.au

FOOD BUSINESS REGISTRATION APPLICATION

Food Act 2003 Section 87 & 89

Food Business Proprietor's Details:

Applicant's Name: _____
(must be an individual or a company)

ACN (if a Company): _____

Address: _____ Postcode: _____

Telephone: _____ Mobile Phone: _____

Facsimile: _____ Email: _____

Details of skills and knowledge (food safety qualifications, training or experience) of the proprietor and food handlers. (Please attach details if insufficient space):

Business Details:

Business Name: _____

Alterations to Business Name (if applicable): _____

Premises Location Address: _____

Business Postal Address: _____

Contact Person: _____

Telephone: _____ Mobile Phone: _____

Facsimile: _____ Email: _____

Emergency Contact: _____ Mobile Phone: _____

Business Type (eg Cafe, Bakehouse, Restaurant etc): _____

Types of Food Sold: _____

Details of any proposed or operational quality assurance program, food safety plan or other approved food safety management system. (Please attach details if insufficient space):

Hours of Operation (or attendance on site):

Mon _____ Tue _____ Wed _____ Thu _____

Fri _____ Sat _____ Sun _____

Proposed Date of Commencement of Trade: _____



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Mobile Food Business:

Vehicle Registration Number: _____

Address Where Garaged: _____

Plans and Specifications (mobile and new or altered food businesses only):

For new or altered premises (including mobile food businesses), please attach plans and specifications or other information clearly showing the design, fitting out and arrangement of plant equipment for the proposed use.

Fee and Signature:

Application fee: _____

Signature of applicant for registration: _____

Date: _____

*Please lodge your completed form and application fee with the
Glamorgan Spring Bay Council*

ENVIRONMENTAL HEALTH OFFICER ASSESSMENT REPORT

- I STATE THAT the proposed food business situated at the above address complies satisfactorily with the requirements of the Food Act 2003 and relevant guidelines and standards for the type of business which will be conducted thereon and for the type of food that will be manufactured for sale or sold in/from the premises.
- I RECOMMEND THAT the food business be granted registration to the proposed Proprietor and that the proposed food business situated at the above address be registered subject to the terms and conditions on the attached Certificate.
- I DO NOT RECOMMEND the granting of the proposed registration. My reasons are given in the attached report.

EHO Signature: _____

Date: _____

Conditions: _____

