

## Food Premises Registration

(Food Act 2003, Food Regulation 2015, Food Safety Standards)

A food business must, before the food business commences any food handling operations, notify the appropriate enforcement agency of the following information. NOTE: the food business **must** notify Hilltops Council (as the appropriate enforcement agency), of any proposed change to the information specified in this form before the change occurs.

### I. BUSINESS DETAILS

Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	Full Name: _____
BUSINESS NAME: _____	
NAME OF PROPRIETOR: _____	
BUSINESS ADDRESS: _____	
POSTAL ADDRESS: _____	
CONTACT/MANAGER: _____	
Phone (W): _____	Phone (H): _____ Mobile: _____
Email: _____	

### 2. NATURE OF FOOD BUSINESS (please tick all applicable boxes)

<input type="checkbox"/> Restaurant/Café/Takeaway	<input type="checkbox"/> Childcare Centre	<input type="checkbox"/> Caterer
<input type="checkbox"/> Club	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Canteen
<input type="checkbox"/> Supermarket (hot food)	<input type="checkbox"/> Supermarket (No hot food)	<input type="checkbox"/> Bakery
<input type="checkbox"/> Fruit & Veg retail	<input type="checkbox"/> Service Station (Hot food)	<input type="checkbox"/> Mobile Food Vendor
<input type="checkbox"/> Health Food	<input type="checkbox"/> Farm Produce	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Pre-packaged food only (newsagency, service station etc.) _____		

### 3. PURPOSE OF SUBMITTING FORM (please tick)

<input type="checkbox"/> New Premises	<input type="checkbox"/> Change of proprietor
<input type="checkbox"/> Cease to Trade	<input type="checkbox"/> Change of Trading Name

### OWNER/PROPRIETORS DECLARATION

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Office use only

Register No: FPR- \_\_\_\_\_

Date received: \_\_\_\_\_