

Mail: PO Box 156, Longford 7301
Phone: (03) 6397 7303
Fax: (03) 6397 7331



Location: 13 Smith Street, Longford
Email: health@nmc.tas.gov.au

TEMPORARY FOOD BUSINESS APPLICATION FOR REGISTRATION OF A FOOD BUSINESS (Including Mobile Food Business)	Food Act 2003 Sections 87 & 89
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FOOD BUSINESS PROPRIETOR'S DETAILS:	
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Applicant: Owner/Occupier
Title: First Name: Surname:
Address: Phone No:
 Mobile No:
Email address: Fax No:

DETAILS OF SKILLS AND KNOWLEDGE OF THE PROPRIETOR AND FOOD HANDLERS: (food safety qualifications, training or experience)	
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(Please tick and attach details if insufficient space)

Accredited Training	<input type="checkbox"/>	Self Education	<input type="checkbox"/>
Foodsafe Training Package	<input type="checkbox"/>	Food Safety Plan	<input type="checkbox"/>
On-the-Job Training	<input type="checkbox"/>	Other (please detail)	<input type="checkbox"/>

BUSINESS DETAILS:	
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ACN
(If Registered Company): Contact Person:
Name of Business: Phone No:
Location of Business: Mobile No:
 Fax No:
Emergency Contact: Phone No:
Types of Food Produced/Sold:
Does your business manufacture raw egg products?

FOR MOBILE FOOD BUSINESS:	
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Vehicle Registration No:
Address where Vehicle/trailer garaged:

PROPOSED DATES/HOURS OF OPERATION:

	Date	Hours		Date	Hours
Monday			Tuesday		
Wednesday			Thursday		
Friday			Saturday		
Sunday					

LOCATION / EVENT:

Event:

Location:

PLANS AND SPECIFICATIONS:
(if initial application – supply the following details)

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

APPLICATION FEE AND SIGNATURE: **FEE**

Please contact the Council's Building Department on (03) 6397 7303 or email health@nmc.tas.gov.au for relevant fees.

Applicant for Registration/Renewal: Name: (Print) Signed: Date:

OFFICE USE ONLY:

Receipt No: Date Issued:

I hereby recommend that the registration should be issued. The method and manner of trading is to my satisfaction and the prescribed fee has been paid.

EHO: Name: (Print) Signed: Date:

PRIVACY STATEMENT

The Northern Midlands Council abides by the *Personal Information Protection Act 2004* and views the protection of your privacy as an integral part of its commitment towards complete accountability and integrity in all its activities and programs.

Collection of Personal Information: The personal information being collected from you for the purposes of the *Personal Information Protection Act, 2004* and will be used solely by Council in accordance with its Privacy Policy. Council is collecting this information from you in order to process your building application.

Disclosure of Personal Information: Council will take all necessary measures to prevent unauthorised access to or disclosure of your personal information. External organisations to whom this personal information will be disclosed as required under the *Building Act 2000*. This information will not be disclosed to any other external agencies unless required or authorised by law.

Correction of Personal Information: If you wish to alter any personal information you have supplied to Council please telephone the Northern Midlands Council on (03)6397 7303. Please contact the Council's Privacy Officer on (03)6397 7303 if you have any other enquires concerning Council's privacy procedures.