

The *Food Act 2003* requires all food premises operating within the Canterbury Bankstown Local Government Area to be registered with Canterbury Bankstown Council. This registration form is to be used by businesses in order to register their food premises or to change any registration details. This form is also to be used for the registration of mobile food vending vehicles (excluding those operating on Council-owned roads) and temporary food stalls operating at temporary events.

If you have any questions in regards to this form, please contact Council's Environmental Health Unit on (02) 9707 9000.

**PROPERTY DETAILS****Location of food premises**

Business/trading name: \_\_\_\_\_

Street no.: \_\_\_\_\_ Shopping centre/building name: \_\_\_\_\_

Street name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

**BUSINESS DETAILS****Where all correspondence and invoices will be sent**

Company name: \_\_\_\_\_ ACN/ABN: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email: \_\_\_\_\_

**OTHER DETAILS**Business trading hours:  Day time only  Day and night  Night time onlyReason for submitting this form:  New premises  Change of proprietor  Update details

Date business was opened or ownership changed: \_\_\_\_\_

**TYPE OF FOOD PREMISES**

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Supermarket                   | <input type="checkbox"/> Bakery     | <input type="checkbox"/> Café            | <input type="checkbox"/> Take-away/fast food         |
| <input type="checkbox"/> Child care centre             | <input type="checkbox"/> Restaurant | <input type="checkbox"/> School canteen  | <input type="checkbox"/> Convenience store           |
| <input type="checkbox"/> Green grocer                  | <input type="checkbox"/> Seafood    | <input type="checkbox"/> Delicatessen    | <input type="checkbox"/> Boarding house/group home   |
| <input type="checkbox"/> Club/pub/bistro               | <input type="checkbox"/> Poultry    | <input type="checkbox"/> Service station | <input type="checkbox"/> Home-based business         |
| <input type="checkbox"/> Function centre               | <input type="checkbox"/> Caterer    | <input type="checkbox"/> Mobile vehicle  | <input type="checkbox"/> Temporary event (see below) |
| <input type="checkbox"/> Other (please specify): _____ |                                     |  |  |

**PRIVACY NOTICE** Council is required under the *Privacy and Personal Information Protection Act 1998* (PPIPA) to collect, maintain and use your personal information in accordance with the Privacy Principles and other relevant requirements of the PPIPA. Personal information requested on this form will only be used to fulfil the purpose for which it is being collected. Provision of this information is voluntary and is required to help process your application. Council is regarded as the agency that holds the information and access is restricted to council officers and other authorised people. You may apply to access or amend the information. For further information or clarification please contact the Privacy Contact Officer at Council.

## TEMPORARY EVENT

This section is to be completed if you are operating at a temporary event only

Name of event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Event organiser/company: \_\_\_\_\_

Type of temporary premises:  Mobile food vending vehicle  Temporary food stall

Type of foods being sold: \_\_\_\_\_

## FOOD SAFETY SUPERVISOR DETAILS

Food Safety Supervisor's name: \_\_\_\_\_

Certificate reference no.: \_\_\_\_\_ Certificate expiry date: \_\_\_\_\_

## DEVELOPMENT CONSENT

Have you obtained development consent:  Yes  No  N/A

Note: Registration of your business does not imply development consent nor does it imply approval of the construction or fit out of the premises for proposed/additional/alternate uses.

## APPLICANT DECLARATION

I declare that to the best of my knowledge, the information provided in this registration form is accurate and correct.

Proprietor name: \_\_\_\_\_ Date: \_\_\_\_\_

Proprietor signature: \_\_\_\_\_

## SUBMISSION

Please submit the completed form to Canterbury Bankstown Council at:

Postal address: PO Box 8, BANKSTOWN NSW 1885

Street address: Bankstown Customer Service Centre  
Upper Ground Level  
Bankstown Civic Tower  
66-72 Rickard Road  
BANKSTOWN NSW 2200

Campsie Customer Service Centre  
137 Beamish Street  
CAMPSIE NSW 2194

Email: [council@cbc.city.nsw.gov.au](mailto:council@cbc.city.nsw.gov.au)

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