

# Food Business Registration

Planning & Development Services Group

**City Administrative Centre** Bridge Road, Nowra, NSW, Australia, 2541

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## 1 Applicant

Trading Name: .....

Proprietor/Company Name: .....

Business ABN: .....

Contact First name(s): .....

Contact Surname: .....

Business Address: .....

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

Phone (Business Hours): .....

Fax Number: .....

Email: .....

Private Postal Address: .....

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

Private/Mobile phone number: .....

## 2 Food safety Supervisor

Name: .....

Certificate Number: .....

Date of Issue: .....

## 3 Declaration

I declare that all information supplied on this form is true and correct and understand that it is an offence under Section 42 of the Food Act 2003 to supply false or misleading information.

..... (Date) ..... / ..... / .....

(Signature of Applicant)

## Business Details

Please provide a short description of your business: .....

**Fee:** payment will be requested after each inspection.

## General Office Use

Receipt No: ..... Amount: .....

Date: ..... Initials: .....

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### OFFICE USE ONLY

Form Number: 392	Issue Date: 04/2014
Version Number 5	Next Review date: 06/2020

