FOOD BUSINESS PROPRIETER’S DETAILS

Surname: 
First Name(s): 

ACN (If a Company): 

ABN: 

Property Address: 

Town: 
Postcode: 

Postal Address (if different to above): 

Town: 
Postcode: 

Phone: 
Mobile: 

Email: 

BUSINESS DETAILS

Location of Business (include all related premises in this Council area)

Name of Business: 

Type of Business: (eg. Café, Bakehouse, Restaurant etc)

Type of Food: - please tick the box: 

☐ - Prepared, ready-to-eat table meals  ☐ - Confectionery

☐ - Frozen Meals  ☐ - Processed fruit and vegetables

☐ - Raw Meat, poultry or seafood  ☐ - Infant or baby foods

☐ - Fermented meat products  ☐ - Egg or egg products

☐ - Meat pies, sausage rolls or hot dogs  ☐ - Dairy products

☐ - Sandwiches or rolls  ☐ - Prepared salads

☐ - Soft Drinks/juices  ☐ - Other

Nature of business – please answer each question

• Are you a small business (employs less than 50 persons for manufacturing or 10 persons for food service/retail)? ☐ Yes  ☐ No

• Is the food that you provide, produce or manufacture considered to be ready-to-eat when sold to the customer? ☐ Yes  ☐ No
Do you process (chop, cook, dry, ferment, heat and/or pasteurise) the food that you produce or provide for sale or distribution? □ Yes □ No

Do you directly supply or manufacture food for organisations that cater to the sick, elderly, children under 5 years or age or pregnant women (such as hospitals, nursing homes or childcare centres)? □ Yes □ No

To be answered by Manufacturing/processing business only:
- Do you manufacture or produce products that are not shelf stable? □ Yes □ No
- Do you manufacture or produce fermented meat products such as salami? □ Yes □ No

To be answered by food service and retail businesses only (includes charitable and community organisations, market stalls and temporary food premises):
- Do you sell ready-to-eat food at a different location from where it is prepared? □ Yes □ No

Note: In accordance with Clause (4)(3) of Food Safety Standard 3.2.2, a food business must notify the council of any proposed change to the information

SIGNATURE

Signature of applicant for notification: ____________ Date: ____________

Privacy Statement
The personal information on this form is required by Council for administrative purposes. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend or personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.circularhead.tas.gov.au or at the Council office.

OFFICE USE ONLY
Received: ____________ Date: ____________

PID: ____________ □ Registered into ECM
□ Tasked to Environmental Health Officer