

**APPLICATION FOR
FOOD BUSINESS 23/24**
FOOD ACT 2003 SECTIONS 84, 87, 89

PART 1: TYPE OF APPLICATION

- ☐ I am notifying my intention to operate a food business (s84); or
- ☐ I am applying to register a food business (s87); or
- ☐ I am applying to renew a food business' registration (s89)

PART 2: TYPE OF BUSINESS

- ☐ The food business is a one-off event,
- ☐ The food business is an ongoing business
- ☐ The food business is a mobile food business
- ☐ The food business will operate fixed hours

PART 3: FOOD BUSINESS PROPRIETOR'S DETAILS

Applicant's Full Name or Name of the Individual or Company that will carry on the food business

Applicant Name _____

Date of Birth _____

ABN/CAN _____

Business Address _____

Postal Address _____

Business Phone No. _____

Email Address _____

RETURN COMPLETED FORMS TO:

Planning & Compliance Department
P: (03) 6471 4700
E: wcc@westcoast.tas.gov.au
PO BOX 63 QUEENSTOWN TAS 7467
11 STICHT STREET, QUEENSTOWN TAS 7467



PART 4: FOOD BUSINESS DETAILS

Trading Name _____

Onsite Contact _____ Phone Number _____
(If different from applicant)

Email Address _____

Hours of Operation

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

Details of proposed or operational quality assurance program, food safety plan or other approved food safety management system (if any).

Please attach details if insufficient space.

Details of food safety skills and knowledge: (Food Safety qualifications, training or experience)

Event Location, Date and Hours of Operation:
(Applicable only for “one off” events)

MOBILE FOOD BUSINESS

Vehicle Registration Number (if applicable)

Address where vehicle is garaged, or equipment is stored:

Proposed Start Date of Trading _____/_____/_____

PART 5: FOOD AND FOOD HANDLING

List the types of foods to be sold here (please attach details if insufficient space, a menu or product list may suffice):

TYPES OF FOOD HANDLING ACTIVITIES OR PROCESSES TO BE USED:

- | | |
|--|---|
| <input type="checkbox"/> No Processing | <input type="checkbox"/> Cook-chill/Sous Vide |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Vitamising |
| <input type="checkbox"/> Cooling | <input type="checkbox"/> Packaging/Repackaging/Labelling |
| <input type="checkbox"/> Reheating | <input type="checkbox"/> Vacuum Packing |
| <input type="checkbox"/> Hot-holding/Cold-holding | <input type="checkbox"/> Preparation in Advance (more than 4 hours) |
| <input type="checkbox"/> Other (please specify): _____ | |
| _____ | |
| _____ | |
| _____ | |

PART 6: FOOD BUSINESS LAYOUT – MOBILE FOOD BUSINESS

For mobile food businesses: please attach an A4 plan or photographs clearly depicting the layout of your vehicle, cart, tent, booth, or other mobile structure. Refer to the Guidelines for Mobile Food Businesses for more information.

PART 7: FOOD PREPARATION & STORAGE

If any food sold from a mobile food business is to be prepared and/or stored at another location not mentioned above, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space:

PART 8: MOBILE FOOD BUSINESS LAYOUT

(MUST be included for State-Wide Registration)

Please attach an A4 plan and photographs that clearly depict the layout of your mobile food business as part of this application and ensure you address each of these areas:

- ☐ Waste-Water Disposal
- ☐ Handwashing Facilities
- ☐ Temperature Control
- ☐ Food Labelling
- ☐ Plan and Photographs are attached

PART 9: APPLICANT DECLARATION

REGISTRATION FEE 23/24

☐ Food Business Registration/Inspection (inc. Mobile/state-wide) \$173.00
All Risk Categories

☐ Temporary Food Licence \$27.00

I declare that the information provided on this form is true and correct.
I understand and agree that information on this form, and about the business and its ongoing operation, may be shared between Authorised Officers, councils, and other jurisdictions to assess this application and the business's compliance with the *Food Act 2003*.

☐ I consent to receiving communications about this application in electronic form.

APPLICANT NAME **APPLICANT SIGNATURE** **DATE**

PLEASE LODGE YOUR COMPLETED APPLICATION FORM AND APPLICATION FEE AT THE COUNCIL OFFICE.

OFFICE USE ONLY:

Receipt No. _____ Amount _____ Date ____/____/____

Assessment Report

I have considered the following:
• compliance with the *Food Act 2003* and relevant guidelines in relation to the registered premises and the manufacture and sale of food;
• the manner in which the premises have been operated during the period of registration;
• the manner in which the applicant for renewal of the registration manufactured or sold food;
• the protection of public health in relation to the premises and the manufacture or sale of food by the registered applicant.

☐ I recommend that the registration of the food business be renewed subject to conditions below:

Conditions:

Environmental Health Officer:

Name _____ Signature _____ Date ____/____/____