



# Kingborough

## NOTIFICATION OF A FOOD BUSINESS

**Before completing this form please contact Environmental Services on 6211 8255**

### Food Business Proprietor's Details:

FOOD ACT 2003 – SECTION 84

Name of Applicant:			
ACN or ABN:			
Postal Address:			
Telephone:		Mobile:	
Fax:		Email:	

### Business Details:

Name of Business:			
Location of Business:			
Type of Business:			
Telephone:		Mobile:	
Fax:		Email:	
Emergency Contact:			

### Types of Food: *(please tick one of the following)*

- |   |   |
|---|---|
| <input type="checkbox"/> Prepared, read to eat table meals    | <input type="checkbox"/> Confectionery                  |
| <input type="checkbox"/> Frozen meals                         | <input type="checkbox"/> Processed fruit and vegetables |
| <input type="checkbox"/> Raw meat, poultry or seafood         | <input type="checkbox"/> Raw fruit and vegetables       |
| <input type="checkbox"/> Processed meat, poultry or seafood   | <input type="checkbox"/> Infant or baby foods           |
| <input type="checkbox"/> Fermented meat products              | <input type="checkbox"/> Bread, pastries or cakes       |
| <input type="checkbox"/> Meat pies, sausage rolls or hot dogs | <input type="checkbox"/> Egg or egg products            |
| <input type="checkbox"/> Sandwiches or rolls                  | <input type="checkbox"/> Dairy Products                 |
| <input type="checkbox"/> Soft drinks/juices                   | <input type="checkbox"/> Prepared salads                |
| Other: _____  |   |

### Privacy Statement

Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of the Kingborough Council in order to advance the purposes of this form and to carry out Council business. The *Personal Information Protection Act 2004* and Council's Privacy Policy regulate the use of this information, which will not be disclosed to any other party, except with your permission or if required or authorised by law. You may make application to access or amend personal information held by Council by contacting Customer Services on 6211 8200. Should you not provide the information sought, Council will not be able to process this form.



kingborough.tas.gov.au

Civic Centre, 15 Channel Hwy, Kingston, Tasmania 7050 Locked Bag 1, Kingston Tasmania 7050  
AusDoc: DX 70854 T: (03) 6211 8200 F: (03) 6211 8211 E: kc@kingborough.tas.gov.au

**Nature of Business: (please answer the following)**

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 pasteurize) the food that you produce or provide before sale or distribution?

YES NO

Do you directly supply or manufacture food for organizations that cater to the sick, elderly, children under 5 years of age or pregnant women (such as hospitals, nursing homes or childcare centres)?

YES NO

**To be answered by manufacturing/processing businesses 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 specified on this form, as this may alter the classification of the business.

**Signature and Fee:**

I confirm that the information provided is true and correct.

<b>Signature of applicant:</b>	
<b>Date:</b>	/ /

Please lodge your completed form and relevant fee to:

**The General Manager  
Kingborough Council  
15 Channel Highway  
KINGSTON TAS 7050**

**OFFICE USE ONLY**

<b>Cashier</b>	
Food Business:	
Receipt Number:	
Date:	

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