

This form is to be completed by any new Retail Food Business (or existing Retail Food Business making any change to their Business Name, Ownership, Type of Food Business) or when otherwise requested by Murray River Council and should be returned to Murray River Council offices.

## Application Type

New business	Proposed opening date:
Transfer of ownership	Date of settlement:
Change of Details	

## Premises Details

Business Trading Name:					
Premises Address:					
Type of business:					
<i>Fixed Premises</i> <input type="checkbox"/> <i>Mobile Food Van</i> <input type="checkbox"/> Vehicle Registration Number:				<i>Temporary Food Stall</i>	
Business Category: (select all that apply)					
Bakery	<input type="checkbox"/>	Fruit and Vegetable Retailer	<input type="checkbox"/>	School Canteen	<input type="checkbox"/>
Bed and Breakfast	<input type="checkbox"/>	Health Food Shop	<input type="checkbox"/>	Service Station	<input type="checkbox"/>
Café	<input type="checkbox"/>	Home based	<input type="checkbox"/>	Supermarket	<input type="checkbox"/>
Charitable fundraiser	<input type="checkbox"/>	Hotel/Motel/Guesthouse	<input type="checkbox"/>	Take away food outlet	<input type="checkbox"/>
Childcare Centre	<input type="checkbox"/>	Kiosk	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Confectionary Retail	<input type="checkbox"/>	Licenced Club	<input type="checkbox"/>		
Delicatessen	<input type="checkbox"/>	Pub/tavern	<input type="checkbox"/>		
Food Distributor	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>		
Number of food handling staff:					
Up to and including 5	<input type="checkbox"/>	More than 5 but not more than 50	<input type="checkbox"/>	More than 50	<input type="checkbox"/>

## Food Safety Supervisor Details

Food Safety Supervisor name:
Certificate number:
Expiration date:

## Business Owner Details

Proprietor Name:
Company Name if different from above:
ABN:
Postal Address:
Contact Number:
Email:

## Application Declaration

*I have read, understood, and fully comply with Australia New Zealand Food Standards Code, NSW Food Act and all other relevant legislation..*

*I declare that the information provided on this form is accurate. Complete and correct.*

*I understand that this is an application and approval of this application is not guaranteed.*

Applicant name:
Signature:
Date:

## Office Use Only

Date entered:
Risk classification: