Food Business Notification

ma	city coun			ness Notification xed premises)
New business	Taking over a food business		Change of details	
PART 1: APPLICANT	DETAILS			Notification only – no fees apply
Trade name			ABN number	
Business Address	Unit No.: House No.: S Suburb:	treet:	Postcode:	
Business phone / mobile phone			Email:	
Main Contact - Full Name			Contact No.:	
Business Entity name (legal name of business – relates to ABN)			Entity type (e.g. sole trader, company)	
Postal address	Unit No.: House No.: S	treet:		
(if different to business	Suburb:		Postcode:	
address)	OR PO Box Suburb:		Postcode:	
PART 2: BUSINESS	DETAILS			
Type of businessBakery retailBed and breakfastCatererCharity (see part 3)	 Childcare Centre Delicatessen Fruit &vegetable retail Kiosk 	□ Res □ Sea	ensed club/bar staurant/café afood retail vice station	 Supermarket Take away food Other <i>(specify)</i>:
Food safety supervisor	Name:	Certifi	cate number:	Date issued:
PART 3: CHARITABL	E COMMUNITY ORGANISATI	ON		
n order to proceed with	this application as a Charitable Com	munity (Organisation please	confirm either of the following:
purpose under the Col	een established solely for a charitable lections Act 1966 and the Organisation with the Australian Taxation Office, or	is		is a not for profit community operates for the general welfare of
PART 4: SIGNATURI				
I declare that all the	information given is true and correc	t.	Date:	
Name:	Position:		Signature	2:
of updating your business pro agency who may require this any time.	nation you provided will be recorded by Main file. The information is intended for use by th information. Details of this update will also b	he Council be kept in c	as the consent authority	and any other relevant government
	the information you have provided ch	anges.		
Maitland City Counci	Food Business Notification			Jan 2019