

Health & Planning Department 26-28 Adelaide Street PO Box 81 WENTWORTH NSW 2648

Tel: 03 5027 5027

council@wentworth.nsw.gov.au

FOOD PREMISES REGISTRATION / CHANGE OF DETAILS FORM

New Application (Change of Details
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FEES AND CHARGES		
Assessment		
Lodgement Fee Job No. 1205-1170	ipt No. Date	
Would you like a copy of the receipt?		
PART A – BUSINESS DETAILS		
Business/Trading Name		
ABN/ACN Date Business Started		
Person/Company Name		
Director Name/s		
Business Postal Address		
Proprietor/Director Residential Address		
Business Phone No.	Home Phone No.	
Mobile No. Alternate Phone No.		
Email		
Business Trading Hours: Day-time Day and night-time Night-time only		
Is the business a home business?		
Food Safety Supervisor (FSS) Name		
NSW FSS Contact No.	NSW FSS Certificate No.	
Date Certificate Issued	Date Certificate expires	
Type of Food Business (tick the most relevant business type):		
☐ Restaurant ☐ Ju	uice Bar Green Grocer	
☐ Cafe ☐ B	akery Service Station	
Coffee Shop	ake Shop Function Centre	
Takeaway B	ed & Breakfast Child Care Centre	
Butcher H	otel/Motel School Canteen	
☐ Ice Cream Shop ☐ P	ub/Tavern (serving meals) Caterer	
Deli Li	censed Club (serving meals) Club/Pub/Tavern	
Supermarket		
Other (please specify)		

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PART B – PROPERTY DETAILS		
Lot / Section / DP Numbers can be found on the Rates Notice or Certificate of Title for the land.		
Street No.	Street Name	
Town/Locality	Postcode	
Lot No./s	Section DP No/s	
What type of water supply does the property have?		
Reticulated	Water from a water carter	
Rain Water Tanks	Other (please specify)	
Is the property connec	ted to sewer? Yes No	
PART C – DEVELOPMEN	IT CONSENT	
Has development cons	ent been granted for the above use?	
DA No:		
Has a Construction Certificate (CC) been issued for the premises fit-out? Yes No		
CC No:		
PART D – APPLICANT D	ECLARATION	
Do you agree to receiv	e all correspondence via email?	
I declare that to the best of my knowledge, the information provided in this application is accurate and correct. I/we also authorise: • Council representatives to enter the property for the purpose of site inspections;		
Name	Signature Date	
Privacy and Personal Information Protection Notice		
The personal information provided on this form is collected by Wentworth Shire Council for the purposes of processing this application by Council Employees and other authorised persons. This form will be stored within Council's record management system and may be available for public access and/or disclosure under various NSW Government legislation.		
PART E – LODGEMENT	DETAILS	
Please send your complet	ed registration form to Wentworth Shire Council:	
By Mail	PO Box 81 WENTWORTH NSW 2648	
In Person	26-28 Adelaide WENTWORTH NSW 2648	
Email	council@wentworth.nsw.gov.au	
OFFICE USE ONLY		
FS No.	Assessment No. DA No. CC No.	

Privacy and Personal Information Protection Notice

We are collecting this information to process your request. We may not be able to do so without it. Supplying this information is voluntary and it will not be used for any other purpose without seeking your consent. We will store your personal information on our systems or in our offices, where it will be used by our staff and contractors. Other people can request access to it under the *Government Information (Public Access) Act 2009*. You can ask us to suppress your personal information from a public register and we will consider your request in line with the *Privacy and Personal Information Protection Act 1998*. Our Privacy Management Plan sets out how you can access or correct your personal information. Please visit www.wentworth.nsw.gov.au for a copy of the plan.

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