

Environmental Health Unit  
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BLACKTOWN NSW 2148  
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*Privacy:*

The personal information that you have provided in this form is for Council purposes only and will be viewed by Councillors and Council staff only

## FOOD BUSINESS REGISTRATION FORM

### Business shop location details

Trading name:.....  
Address: Shop/Unit No..... Street No..... Street.....  
.....Suburb:.....Postcode:.....  
Trading Hours:.....  
ANZFA priority classification:..... Number of food handlers:.....  
Business type (restaurant, bakery, take away):.....

### Business owner's details

Company name/sole trader's name:.....  
ABN/ACN:.....  
Postal address:.....Postcode:.....  
Suburb:.....Phone:.....  
Residential address:.....Postcode:.....  
Suburb:.....Phone:.....

### Business owner's authority

I hereby apply for registration of the food business described in this application.

Signature of business owner:.....Date:.....