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| C:\Users\ngoc.nguyen\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\V0PQQMPS\Cumberland City Council - Hori - Colour.png | Food Registration Form |
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| **OFFICE USE ONLY** | | | |
| **Registration No:** |  | **Date:** |  |

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| **LODGEMENT OF APPLICATION** | |
| **Council:** | Monday-Friday, 8:00am-4:30pm  **Auburn Service Centre** - 1 Susan Street, Auburn NSW 2144  **Merrylands Service Centre** - 16 Memorial Avenue, Merrylands NSW 2160 |
| **Mail:** | The General Manager, Cumberland City Council, PO Box 42, Merrylands NSW 2160 |
| **Email:** | [council@cumberland.nsw.gov.au](mailto:council@cumberland.nsw.gov.au) |

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| **Business Trading Details** | | |
| Trading Name: |  | |
| Business ABN:^ |  |  |
| ***^Note:*** *If Trust, require Trustee ABN/details as well* | | |
| Business Owner Name^^: |  | |
| ***^^Note****: This must be an individual’s name (sole trader) OR a corporation name (e.g. XYZ Pty Ltd)* | | |

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| **2. Shop Details** | | | | | | | | | | |
| Person in charge of business (if not the Business Owner): | | | | |  | | | | | |
| Phone Number: | |  | | Mobile No: | | | |  | | |
| Emergency Contact No: | |  | |  | | | |  | | |
| Email Address: | |  | | | | | | | | |
| Shop Address: | Unit no: | |  | | | House no: | | |  | |
|  | | Street: |  | | | | | | | |
|  | | Suburb: |  | | | | Postcode: | | |  |

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| **3. Address for service of Correspondence (including Notices and Letters)** | | | | | | | |
| Postal Address: | Unit no: | |  | House no: | |  | |
|  | | Street: |  | | | | |
|  | | Suburb: |  | | Postcode: | |  |

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| **Size of Food Business** (select one option only): | | |
| How many full time equivalent staff do you employ? | |  |
|  | Large Food Service – Employs more than 51 people | |
|  | Medium Food Service – Employs 6-50 people | |
|  | Small Food Service – Employees 1 – 5 people | |

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| **Primary Business Type** (select the most appropriate one): | | | | |
|  | Bakery Retail (hot bread, cakes) |  | Licensed Club | |
|  | Canteen/Kitchen (School/Sports Ground) |  | Manufacturer/Processor (Food) | |
|  | Caterer (Onsite/Offsite) |  | Meals on Wheels | |
|  | Charitable Community Organisation |  | Newsagent/Pharmacy/Tobacconist | |
|  | Childcare Centre |  | Nursing Home | |
|  | Delicatessen |  | Pub/Tavern | |
|  | Food Distributor |  | Restaurant/Café | |
|  | Fruit & vegetable Retail |  | Seafood Retail | |
|  | Grocery Retail |  | Service Station | |
|  | Health Activity/Delivery (Food) |  | Supermarket | |
|  | Hospital Kiosk/Canteen |  | Takeaway Foods | |
|  | Hotel/Motel/Guesthouse/Bed & Breakfast |  | Other. Specify: |  |

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| **Applicant Authority** | | | |
| I hereby notify Cumberland City Council of the above information, and declare the information provided to be correct. | | | |
| Applicant’s Signature: |  | Date: |  |
| Applicants Name: |  |  | |

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| **Privacy** |
| The personal information that you have provided in this Form is for Council purposes only. |

