



HEALTH BUSINESS REGISTRATION APPLICATION FORM

Made under Section 608(3) of the Local Government Act 1993 in accordance with the Public Health Act 2012 and Food Act 2003

Property Key:	Office Use Only
Development Application No:	
Health File No:	
Minor Category No:	
Date Received:	052936.2014 (JULY 2016)

LEGAL REQUIREMENTS REGARDING INFORMATION PROVIDED TO COUNCIL

Council is obliged under s.6 of the *Government Information (Public Access) Act 2009* to publish details of all development applications (including names of applicants and owners) and any associated documents on the website, except for floor plans of any residential parts of a building. Please note that the information provided by you on this form will be used by Council or its agents to process this application and it can be made available, as required by law, to other government agencies. Under the *Privacy and Personal Information Protection Act 1998*, some personal information provided on this form, such as phone numbers, will not be published on Council's website. Information regarding access to or publication of information by Council, can be referred to Council's Privacy Contact Officer.

Type of Business Registration *New Premises* *Change of Details*
 (Please tick relevant boxes, above and below)

<input type="checkbox"/> Food Premises	<input type="checkbox"/> Hairdresser
<input type="checkbox"/> Beauty Salon	<input type="checkbox"/> Skin Penetration
<input type="checkbox"/> Mortuary/Undertaker	<input type="checkbox"/> Pool(s)/Spa(s)
<input type="checkbox"/> Mobile Food Vendor	<input type="checkbox"/> Legionella/Thermostatic Mixing Valve (refer to state form)
<input type="checkbox"/> Temporary Food Outlet/Stall	<input type="checkbox"/> Other (please specify)

Address details of business being registered

Shop/Unit No:	House No:	Office Use
Street:		
Suburb:	Postcode:	
Lot No:	Deposited / Strata Plan No:	Section: <input type="checkbox"/>

Company details

Company Name:		Office Use
Company Contact Person:	Position:	
ABN Number:	ACN Number:	
Registered Business Address:		
Business Phone:	Mobile:	
Fax:	Email:	<input type="checkbox"/>

Instructions to Operator – Temporary Food Outlet/Stall Applications only

The set up and operation of the food stall/outlet shall comply with Australian Standards Code. To assist in your application, you are required to address the following matters.

- Submit a site plan to a scale of 1:100 or 1:200 showing the location of the Food Stall/Outlet
- Elevation plan of the Food Stall/Outlet
- Evidence of Public Liability Insurance Policy for the sum of \$10,000,000 (ten million dollars) with Liverpool Council mentioned on the Policy
- Types of food intended for sale
- Protection of food preparation/cooking surfaces and appliance from the public
- Temperature control for hot and cold perishable foods
- Details of eating and drinking utensils, such must be single use (ie disposable)
- Hand washing facilities – (hand wash basin must be provided with hot and cold water supplied through a common sprout)
- Wash up facilities (for washing up eating, drinking utensils and cooking/serving utensils)
- Details of waste and recycling storage and disposal (consideration must be given to waste and recycling storage and disposal both from the food outlet/stall and public)

Office
Use



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Business Owner's personal details and declaration

Note: Page 3 is not available for viewing on Council's website

Family Name(s)/Surname(s) (or company & ACN):		Office Use	
Full Given Names or Company Contact Person:			
House/Unit No:	Street:		
Suburb:			Postcode:
Home Phone:	Business Phone:		Mobile:
Fax:	Email:		
Mobile Food Vendors:	Number of Vehicles: Vehicle Registration Numbers:		

Business Owner(s) Declaration
I/we consent to this application and consent to Council officers entering the premises during normal office hours for the purpose of conducting inspections relative to this application. I/we accept that all communication regarding this application will be through the Business Owner.

Yes No

Signature(s):	Date:	<input type="checkbox"/>
Print Name(s)		

Mailing details:

Preferred mailing address: (Please tick relevant box)

Attention: (Name)

Business Address Business Owner's Personal Address Company Address

Other:

Office Use Only:

Date of Inspection:	<input type="checkbox"/> Approved <input type="checkbox"/> Refused	<input type="checkbox"/>
Comments:		
Environmental Health Officer Name and Initial:		
Date:		