UPPER LACHLAN SHIRE COUNCIL



ABN No: 81 011 241 552

Phone: 4830 1000 Fax: 4830 1045

PO Box 42, Gunning, NSW 2581

Food Premise Business Registration Form

| 1. Business Details | 5 | | | | | | |
|--|-------------------------|---------|---------|---------------|--|---------------|--|
| Business Trading Nam | ne: | | | | | | |
| (as registered with the Office of Fair 1 | Trading) | | | | | | |
| ABN/ACN | | | | | | | |
| Business Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone No. Bus. | Mobile No. | Email A | Address | | | | |
| | | | | | | | |
| 2. Proprietor Deta | ils | | | | | | |
| Proprietor/Company | | | | | | Contact Name: | |
| Name(s) | | | | | | | |
| Postal Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone No. Bus. | Mobile No. | Email A | ddress | | | | |
| | | | | | | | |
| 3. Food Safety Su | oervisor Details | | | | | | |
| | | | | | | | |
| Food Safety | | | | Certificate # | | | |
| Supervisor Name | | | | | | | |
| Certificate Issued | | | | Contact # | | | |
| Date | | | | | | | |
| 4. Hours Of Opera | tion | | | | | | |
| Monday | | | | Friday | | | |
| Tuesday | | | | Saturday | | | |
| Wednesday | | | | Sunday | | | |
| Thursday | | | | | | | |
| 5. Business Type | | | | | | | |
| - | description of the type | | | | | | |
| of food premise (e.g. E | | | | | | | |
| Hotel/Motel, Restaurar | nt etc) | | | | | | |



Please tick the box if you wish for the details above to be added to 'Councils Business Directory'.

Office Use only Date Received: Date Registered: Registered by: