



116 Adelaide Street,
Raymond Terrace NSW 2324

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Raymond Terrace NSW 2324

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e compliance@portstephens.nsw.gov.au

ABN 16 744 377 876

Food Business Registration

In accordance with the Food Act 2003

ABOUT THIS FORM

Port Stephens Council is collecting your business details in accordance with the Food Act 2003. Particulars are to be provided in order to register your food business with Council. This form is to be used if you are a new business, taking over an existing business or change of details.

Note: Development consent may be required prior to undertaking any activities and submitting this form. Contact Council's Duty Planner on 4980 0115 to determine if development consent is required.

PART A

APPLICANT DETAILS

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

PART B

BUSINESS DETAILS

☐ New business ☐ Taking over a food business ☐ Change of details

Trading name	<input type="text"/>	Effective date	<input type="text"/>
Previous trading name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	ABN	<input type="text"/>
Business owner name(s)	<input type="text"/>		
Correspondence	<input type="checkbox"/> Residential address <input type="checkbox"/> Business address <input type="checkbox"/> Other		
	<input type="text"/>		

Food safety supervisor name			
Certificate no		Certificate expiry	/ /

Which best describes your Food Business Type? ☐ Food outlet ☐ Caterer ☐ Canteen
☐ Water carter ☐ Childcare centre ☐ Home business ☐ B&B ☐ Service station ☐ Other

PART C

DECLARATION AND SIGNATURE OF APPLICANT/S

I hereby make application to Council to operate a food business in the Port Stephens Local Government Area. I confirm that the above particulars are true and correct. I understand that the business will be subject to regular food safety inspections by Council's Environmental Health Officers.

Name		Date	/ /
Signature			

PART D

SUBMIT

Please return your completed and signed application to:

In person	116 Adelaide Street / PO Box 42	Email:	compliance@portstephens.nsw.gov.au
or by post:	Raymond Terrace NSW 2324		

OFFICE USE ONLY

Received	/ /	File Number		
Category		Inspection Frequency		No. FTE staff

PRIVACY

Port Stephens Council is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and Council policy.

Purpose: The purpose of this form is to obtain your business details in accordance with the Food Act 2003 in order to register your food business with Council.

Intended recipients: Council staff and third parties as appropriate.

Supply: Involuntary.

Consequence of Non Provision: The business will not be registered with Council for the purposes of the Food Act 2003.

Storage and security: This document will be placed on the relevant file and/or saved in Council's records management system in accordance with Council policy and relevant legislation.

Access: Please contact Council on 02 4988 0255 to enquire how you can access information.