

Application for Registration under the Food Act

Section 1: APPLICANT / PROPRIETOR DETAILS

Name:								
Company / Business Name								
Business Structure IE Partnership								
Postal Address:								
							Postcode:	
Telephone No. (H)			(w)			(M)		
Email Address:								
ABN		ACN						
Section 2: BUSINESS DET	- All S		·					
Trading Name	AILO							
0								
Address:	F						Postcode:	
Type of Premises								
Risk Classification								
Food Safety Supervisor								
**Note - if Risk Classification	on is 2 or 3A - a Fool	d Safety Suj	pervis	or must be r	nominate	d, and	their Certifico	ate attached
Food Safety Program								
Trading Hours								
Water Supply Source	Mains			Private Other		other -	-	
Waste-Water Disposal	Mains			Septic	С	Other -		
Section 3: DECLARATION	N This form must	t be signe	ed.	,	•			
I/We the Applicant wish to register for the year endir 2024 under the provisions 1984 and declare that all given is true and correct.	Applicant Signature:				Date:			

PLEASE FORWARD THIS APPLICATION TO

E-mail: <u>Health@bawbawshire.vic.gov.au</u> **Mail:** Health Department, Baw Baw Shire Council

PO Box 304

Warragul VIC 3820

Phone: 5624 2411

In Person: Customer Service Centre 33 Young Street Drouin

All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.

If you have any concerns or require access to the information held by Council, please contact us on 5624 2411.

Office Use Only											
Registration		Date Received		Receipt number							
Number											
Notes											