

Application for Renewal of Registration under the Food Act

Name:									
Company / Business Name									
Business Structure IE Partnership									
Postal Address:								T	
		ı					Postcode:		
Telephone No. (H)		('	(w)			(M)			
Email Address:									
ABN			ACI	N					
Section 2: BUSINESS DETAILS									
Trading Name									
Registration Number									
Address:									
							Postcode:		
Type of Premises									
Risk Classification									
Food Safety Supervisor									
**Note - if Risk Classification	<u>nn is 2 or 3A - a Food</u>	d Safety Supe	<u>erviso</u>	or must be i	<u>nominate</u>	ed, and	their Certifico	ate attached	
Food Safety Program									
Trading Hours									
Water Supply Source	Mains			Private	Other		-		
Waste-Water Disposal	Mains			Septic Othe		Other -	-		
Section 3: DECLARATION	I This form must	t be signed	d.						
I/We the Applicant wish to apply to renew registration for the year ending 31 December 2024 under the provisions of the Food Act 1984 and declare that all information given is true and correct.		Applicant Signature:				Date:			

PLEASE FORWARD THIS APPLICATION TO

E-mail: Health@bawbawshire.vic.gov.au 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	_		_	_	_	