

Date received:

Application fee: Receipt No:

PO Box 220 Ulverstone Tas 7315 Ph: (03) 6429 8900 admin@centralcoast.tas.gov.au

ABN: 88 651 380 372

Food Business Application

Food Act 2003 Sections 84, 87 & 88

Application for Renewal/Notification/Registration/Temporary food business

RT 1: TYPE OF	APPLICATIO	N				
(Please tick one box o						
I am applying	for a Notification	on of a Food Bu	siness; or			
I am applying	for a Food Busi	iness Registratio	on/Renewal	(fixed location);	or	
I am applying	for a Mobile St	ate-wide Food	Business Reg	gistration/Renev	wal; or	
I am applying	for a Temporar	ry Food Busines	s Registratio	n:/,	/ to/	/
RT 2: APPLICA	NT DFTAILS					
Title	Given Name/s			Family Nan	ne.	
	Given Name/3					
Carananii Nana (li	-l	\/\				
Company Name (li	nkea to ABN/ACI	v)				
ABN / ACN				Date of Birt	-h	
ABIN / ACIN					.11	
D	, .					
Postal Address (for	business corresp	oonaence)				
Business Phone Nu	imber	Mobile N	umber			
Email Address						
\RT 3: FOOD B	USINESS DET	ΓAILS				
	USINESS DET		Type of Mobi	le Structure e.g. t	ent. Vehic	le Registration Numbe
ART 3: FOOD B	USINESS DET			le Structure e.g. t		le Registration Numbe
	USINESS DET					
Trading Name			van, marquee	e (if applicable)		
			van, marquee	e (if applicable)		
Trading Name Location of Premis	es (or the Garag		van, marquee	e (if applicable)		
Trading Name	es (or the Garag		van, marquee	e (if applicable)		
Trading Name Location of Premis Proposed Start Dat	es (or the Garago		van, marquee	e (if applicable)		
Trading Name Location of Premis Proposed Start Dat Hours of Operation	es (or the Garage re	e/Equipment Stor	van, marquee	Address)	(if ap	plicable)
Trading Name Location of Premis Proposed Start Dat Hours of Operation	es (or the Garago		van, marquee	e (if applicable)		
Location of Premis Proposed Start Dat Hours of Operation M	es (or the Garage re	e/Equipment Stor	van, marquee	Address)	(if ap)	plicable)
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Location of Premis Proposed Start Dat Hours of Operation M	es (or the Garage re	e/Equipment Stor	van, marquee	Address)	(if ap)	plicable)
Trading Name Location of Premis Proposed Start Dat Hours of Operation M Where do you source	es (or the Garage ee n T ce your water foi	e/Equipment Stor	van, marquee	Address)	(if ap)	plicable)
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Trading Name Location of Premis Proposed Start Dat Hours of Operation M Where do you source ART 4: OPERAT Contact Name	es (or the Garage ee n T ce your water foi	e/Equipment Stor	van, marquee	Address) F pply, tank, bore v	(if ap)	plicable)
Trading Name Location of Premis Proposed Start Dat Hours of Operation M Where do you source	es (or the Garage ee n T ce your water foi	e/Equipment Stor	van, marquee	Address) F pply, tank, bore v	S vater etc.)	plicable)

If any food sold is to be prepared and/or store	AGE (MOBILE AND TEMPORARY BUSINESSES) red at another location, please provide details, including the address of any
premises where food is to be stored or prepared	<u>t</u>
PART 6: TYPES OF FOOD TO BE SOLD	
(Please tick () tick all that apply)	
I will be making/using uncooked raw egg	products (e.g. mayonnaise, aioli, hollandaise, eggnog)
BBQ (sausages and hamburgers)	Ice creams and cream products Deep fried foods
Sandwiches and rolls	Curries, soups and rice dishes Raw cut fruit and vegetables
Salads (fresh and cooked)	Seafood Pancakes and pikelets
Meat pies, sausage rolls and hot dogs	Juice and smoothies Roasted meats
Cakes, slice and pastries	Kebabs and souvlaki Sushi
Other:	
PART 7: PERMISSION TO EMAIL	
Do you give permission for Council's Enviror Business Registrations?	nmental Health Department to email you correspondents such as Food
Yes NO	
ART 8: APPLICANT DECLARATION	
I understand and agree that information a shared with Councils and the Departmen businesses' compliance with the Food Act 2	this form is accurate, complete and correct. about this application and the businesses' on-going operations will be not of Health and Human Services to assess this application and the 2003. If approval of this application is not guaranteed.
I understand and agree that information a shared with Councils and the Departmen businesses' compliance with the Food Act 2	about this application and the businesses' on-going operations will be not of Health and Human Services to assess this application and the 2003.
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PART 10: PAYMENT METHOD & FEES

NEW APPLICATION FEES

Fixed Food Business Registration:

- Café / Takeaway
- Restaurant
- Home Kitchen
- Other non-mobile business

12 Months: \$234 pro rata

Seasonal Sporting Clubs:

- Football Clubs
- Cricket Clubs or alike.

12 Months: \$116.00

Mobile Food Business:

- Market Stalls
- Food Vans/carts
- Other non-fixed premises
- Temporary Registrations

12 Months: \$196

Other:

Temporary Food business:

1 Day: \$38.00 Up to 5 days: \$73.00

School Canteens

Standard: \$234.00 Not for profit: \$101.00

Notification:

Any food business that is assessed as a

P3N or P4.

PAYMENT OF NEW APPLICATION

- Credit Card by phone: call **03 6429 8900.**
- . By cheque, mail to: PO Box 220, Ulverstone TAS 7316
- . Eftpos facilities available over the counter.
- . NO CASH TRANSACTIONS

For more information or if you have any questions, please contact the Council's Cashier by phone on 03 6429 8900.

Please note that in accordance with Council's Pandemic Plan and advice from the Department of Health, the Council has ceased accepting cash payments until further notice. This is a precautionary measure to ensure that we reduce the potential spread of the disease throughout our municipal area.

PAYMENT OF RENEWAL

Please refer to your invoice for fee amount and payment options.

Privacy Statement: Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of Central Coast Council and the Department of Health in order to advance the purposes of this form and carry out business required by the Food Act 2003. The Personal Information Protection Act 2004 and Council's Privacy policy regulate the use of this information, which will not be disclosed to any other party, except with your permission if required or authorised by law. You may make application to access or amend personal information held by Council by contacting Customer Services on (03) 6424 8900.

FOOD OPERATOR SKILLS & KNOWLEDGE QUESTIONNAIRE

Each statement must be answered

Please tick the correct answer(s)

PERSONAL HYGIENE

1.	Food handlers must wash his/her hands in an easily accessible hand wash basin with liquid soap, warm running water, and dry hands with paper towel: *Please select all that apply*
	O Before handling food
	O After using the toilet
	Before handling food contact surfaces
	O After having a break
2.	To meet the requirements of the food standards code, food handlers must have access to: *Please select all that apply*
	O Running water for hand washing
	O Soap
	O Paper towel
	O Tea towel
3.	Do Hand sanitisers kill <u>all</u> germs and viruses?
	O Yes
	O No
4.	All cuts, wounds and abrasions should be:
	O Left uncovered
	O Covered with a clean, brightly coloured band aid
5.	Gloves should be changed as often as I wash my hands:
	O Yes
	O No
6.	Appropriate hair coverings should be worn when preparing uncovered food:
	O True
	O False
7.	Food handlers must NOT go to work when suffering from symptoms of food poisoning. Symptoms include:
	Please select all that apply
	O Diarrhoea
	O Vomiting
	O Stomach pains
8.	Food businesses are responsible for ensuring food handlers have appropriate skills and knowledge:
	O True
	O False
FOC	DD STORAGE
9.	Cold food must be kept below 5°C:
	O True
	O False

10.		ms (bacteria) can double in numbers every 15-20 minutes in optimal conditions. Which following factors tribute to these conditions:
	Ple	ease select all that apply
	0	Food
	0	Moisture
	0	Warmth
11.	Hot	food must be kept above 60°C:
	0	True
	0	False
12.	Fro	zen food is best defrosted:
	Ple	ease select all that apply
	0	In the sink or hand wash basin
	0	On the bench
	0	In the fridge
	0	Microwave
13.		4-hour/2-hour rule means ready-to-eat high risk foods that have been stored at ambient temperature (e.g. not efrigerator or heater) for a total of:
	Ple	ease select all that apply
	0	Less than two hours must be refrigerated or used immediately
	0	Between 2 and 4 hours must be used immediately
	0	More than 4 hours must be thrown out
CLEA	NIN	G
14.	A d	etergent is used to whilst a sanitiser used with sufficient contact time
	Ple	ease fill in the black space from the options below
	0	Kills germs
	0	Loosens grease
	0	Kills viruses
15.	Dilu	iting a sanitiser outside of manufacturer's specifications (higher concentration) is more effective:
		True
	0	False
16.	Bef	ore inserting a thermometer into foods it is important to wash the probe and clean it with a sterile wipe:
	0	True
	0	False
CON	IPLE	TED BY
Name	٠.	Office Use Only
		Score / 16
Signe	d: _	Pass /Fail
Date:		Approved/Refused
		Signed (EHO)