



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

PART 1: TYPE OF APPLICATION

(Please tick one box only)

- I am applying for a Notification of a Food Business; or
- I am applying for a Food Business Registration/Renewal (fixed location); or
- I am applying for a Mobile State-wide Food Business Registration/Renewal; or
- I am applying for a Temporary Food Business Registration: ___ / ___ / ___ to ___ / ___ / ___.

PART 2: APPLICANT DETAILS

Title	Given Name/s	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name <i>(linked to ABN/ACN)</i>		
<input type="text"/>		
ABN / ACN	Date of Birth	
<input type="text"/>	<input type="text"/>	
Postal Address <i>(for business correspondence)</i>		
<input type="text"/>		
Business Phone Number	Mobile Number	
<input type="text"/>	<input type="text"/>	
Email Address		
<input type="text"/>		

PART 3: FOOD BUSINESS DETAILS

Trading Name	Type of Mobile Structure e.g. tent, van, marquee <i>(if applicable)</i>	Vehicle Registration Number <i>(if applicable)</i>				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Location of Premises <i>(or the Garage/Equipment Storage, or Event Address)</i>						
<input type="text"/>						
Proposed Start Date						
<input type="text"/>						
Hours of Operation						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	T	W	T	F	S	S
Where do you source your water from? (e.g.: Reticulated water supply, tank, bore water etc.)						
<input type="text"/>						

PART 4: OPERATOR DETAILS

Contact Name	
<input type="text"/>	
E-mail Address	Contact Number
<input type="text"/>	<input type="text"/>
Food Safety Qualifications, Training and/or Experience	
<input type="text"/>	

PART 5: FOOD PREPARATION & STORAGE (MOBILE AND TEMPORARY BUSINESSES)

If any food sold is to be prepared and/or stored at another location, please provide details, including the address of any premises where food is to be stored or prepared

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 Environmental Health Department to email you correspondents such as Food Business Registrations?

Yes

NO

PART 8: APPLICANT DECLARATION

I declare that the information provided on this form is accurate, complete and correct.

I understand and agree that information about this application and the businesses' on-going operations will be shared with Councils and the Department of Health and Human Services to assess this application and the businesses' compliance with the *Food Act 2003*.

I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name

Applicant Signature

Date

PART 9: ADDITIONAL INFORMATION

Does the food business make, serve or sell any of the following products?

Raw egg products:

YES - Serve NO

Sell

Produce

If Yes, what is the product?

Ready to eat meats such as salami, smoked fish or alike:

YES - Serve NO

Sell

Produce

If Yes, what is the product?

PART 10: PAYMENT METHOD & FEES

NEW APPLICATION FEES

Temporary Food business:

1 Day: \$38.00

Up to 5 days: \$73.00

Notification:

Any food business that is assessed as a

P3N or P4. No Charge

PAYMENT OF 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.

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

- Before handling food
- After using the toilet
- Before handling food contact surfaces
- 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

- Running water for hand washing
- Soap
- Paper towel
- Tea towel

-
3. Do Hand sanitisers kill **all** germs and viruses?

- Yes
- No

-
4. All cuts, wounds and abrasions should be:

- Left uncovered
- Covered with a clean, brightly coloured band aid

-
5. Gloves should be changed as often as I wash my hands:

- Yes
- No

-
6. Appropriate hair coverings should be worn when preparing uncovered food:

- True
- False

-
7. Food handlers must **NOT** go to work when suffering from symptoms of food poisoning. Symptoms include:

Please select all that apply

- Diarrhoea
- Vomiting
- Stomach pains

-
8. Food businesses are responsible for ensuring food handlers have appropriate skills and knowledge:

- True
- False

FOOD STORAGE

9. Cold food must be kept below 5°C:

- True
 - False
-

10. Germs (bacteria) can double in numbers every 15-20 minutes in optimal conditions. Which following factors contribute to these conditions:

Please select all that apply

- Food
- Moisture
- Warmth

11. Hot food must be kept above 60°C:

- True
- False

12. Frozen food is best defrosted:

Please select all that apply

- In the sink or hand wash basin
- On the bench
- In the fridge
- Microwave

13. The 4-hour/2-hour rule means ready-to-eat high risk foods that have been stored at ambient temperature (e.g. not in refrigerator or heater) for a total of:

Please select all that apply

- Less than two hours must be refrigerated or used immediately
- Between 2 and 4 hours must be used immediately
- More than 4 hours must be thrown out

CLEANING

14. A detergent is used to whilst a sanitiser used with sufficient contact time .

Please fill in the black space from the options below

- Kills germs
- Loosens grease
- Kills viruses

15. Diluting a sanitiser outside of manufacturer's specifications (higher concentration) is more effective:

- True
- False

16. Before inserting a thermometer into foods it is important to wash the probe and clean it with a sterile wipe:

- True
- False

COMPLETED BY

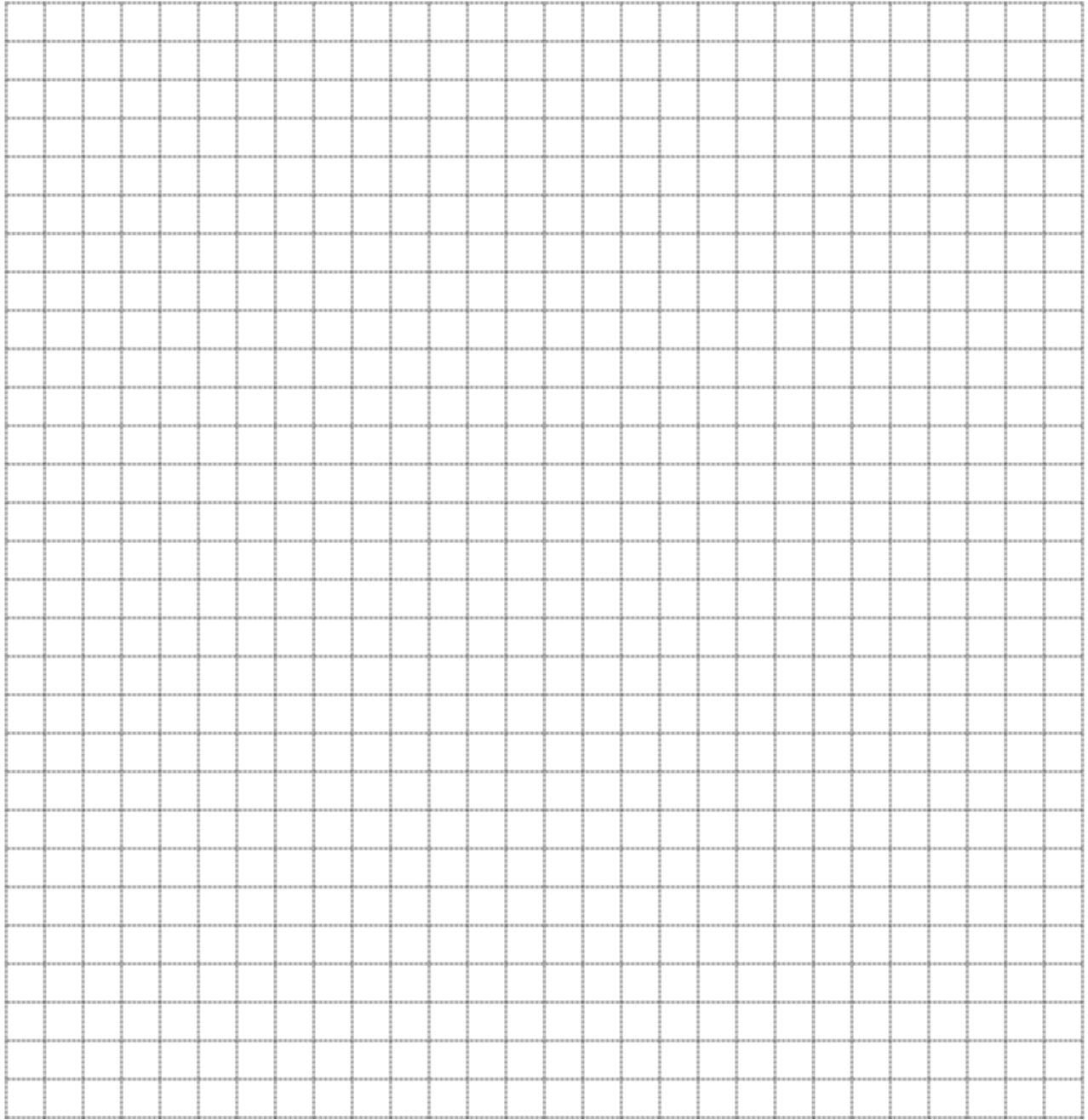
Name: _____

Signed: _____

Date: _____

<i>Office Use Only</i>	
<i>Score</i>	<i>/ 16</i>
<i>Pass /Fail</i>	
<i>Approved/Refused</i>	
<i>Signed (EHO)</i>	

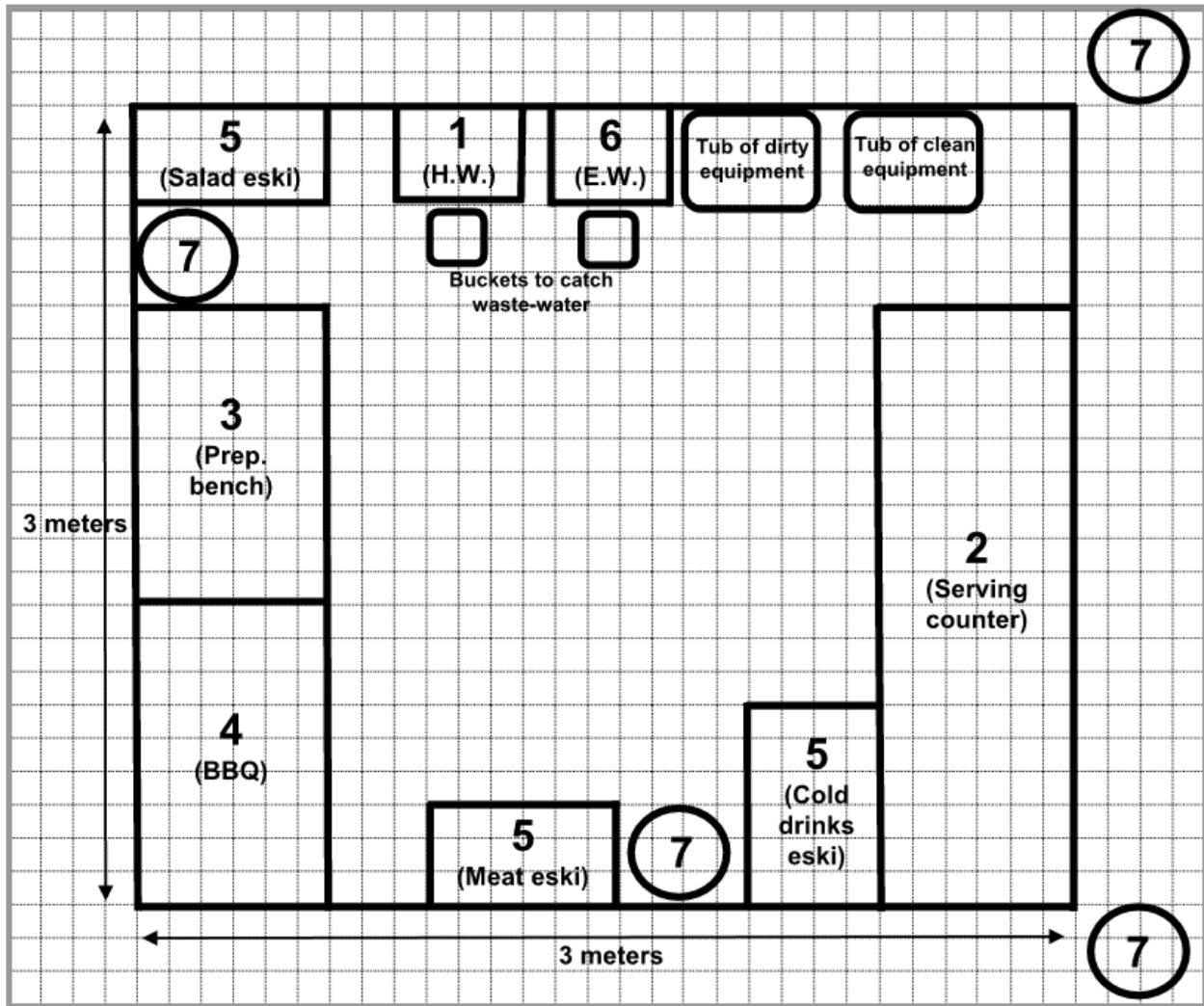
PLAN OF STALL



1	<i>Hand Washing*</i>	6	<i>Equipment washing</i>
2	<i>Serving / Counter area*</i>	7	<i>Rubbish bin</i>
3	<i>Food preparation area*</i>	8
4	<i>Cooking Area*</i>	9
5	<i>Storage Area (eskies, hot storage etc.)</i>	10

**** Approval will not be given unless these items are shown on the stall plan.***

EXAMPLE



- | | | | |
|---|---|----|-------------------|
| 1 | Hand washing * | 6 | Equipment washing |
| 2 | Serving/counter area * | 7 | Rubbish bins |
| 3 | Food preparation area * | 8 | |
| 4 | Cooking area * | 9 | |
| 5 | Storage area (eskis, hot storage, etc.) * | 10 | |

** Approval will not be given unless these items are shown on the stall plan.*

What sort of ceiling/roof/covering will your stall have?

What sort of flooring will your stall have?

Will your stall have walls on at least three sides?