## **REGISTRATION FORM**

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## **New Food Premises**

Complete this form and return to Council within seven (7) days via:

Mail:	North Sydney Council Planning & Environment PO Box 12 - North Sydney NSW	Email: <u>council@northsydney.nsw.gov.au</u> V 2059
<u>SHOP</u>	REGISTRATION DETAILS	
Busine	ess Name:	ABN (if applicable):
Premi	ses Address:	Postcode:
Natur	e of Business (e.g. restaurant)	
Langu	ages Spoken:	
No. of	Staff completed Food Safety ar	nd Hygiene Training:
PROPR	RIETOR'S DETAILS	
Propr	ietor's Name:	ABN (if applicable):
Posta	l Address:	Postcode:
Busin	ess Phone:	After hours Phone:
Email	:	
Food	Safety Supervisor Name:	
Food	Safety Supervisor Certificate No	:
Food	Safety Supervisor Certificate Exp	biry Date:
Signed	d:	Date:
supply o Council regardeo	of personal information is entirely voluntar may not be able to process your applica d as the agency that holds your personal ir	<b>PRIVACY STATEMENT</b> information for the purposes of processing an application or submission. The y. If you elect not to provide or do not wish to provide your personal information, tion or act on or acknowledge your submission. North Sydney Council shall be information and access to your personal information by interested parties, may be ey Council may publish any personal information included in a submission on a