



File No:.....

NOTIFICATION OF FOOD PREMISES (S100 FOOD ACT 2003)

Registration No:.....

Details

**Business name,
ABN, address,
phone number**

Business Name:.....
ABN:.....
Unit/Shop No:.....Street No:.....Street:

Suburb:.....
Lot:.....DP:.....
Food safety Supervisor (FSS):.....
Certificate Number:.....
Copy of FSS Certificate Attached: Yes/No Expiry Date:.....

**Name, postal
address and
contact phone
number of the
business
proprietor**

Proprietor's Name:.....
Postal Address:.....
.....Post Code.....
Phone (W):.....Mobile:

Fax:.....Email:.....

**Name, address,
and contact
phone number
of the building
owner**

Building Owner's Name:.....
Address:.....
.....Post Code:.....
Phone (W):.....Mobile:

Fax:.....

Type of business:

.....

New Premises Existing Premises/Transfer Ownership

Disclaimer: Acceptance of business registration does not imply development consent of the activity **nor** does it imply approval of the construction or fit out of the premises for use as a food premises.

Signature: Signature of Proprietor: _____

Date: _____