



MANSFIELD SHIRE

REGISTRATION – FOOD ACT 1984

I/We the undersigned, hereby apply for **new Registration** for the year ending 31 December 2021 under the provisions of the Food Act the Premises hereunder described and depicted in the Plan lodged with Council.

Please complete & amend any incorrect details and ensure this form is signed

TRADING NAME			
FOOD PREMISES CLASS			
BUSINESS DESCRIPTION			
PREMISES ADDRESS /VEHICLE REGISTRATION			
PROPRIETOR(S) NAME (PERSON(S) OR COMPANY ONLY)			
POSTAL ADDRESS			
TELEPHONE	B.H:	Mobile:	
EMAIL ADDRESS			
BUSINESS ABN NUMBER:	<u>Number of Staff</u>	<u>Seating</u>	<u>Tobacco Sales</u>
	CASUAL: PERMANENT:	Number N/A <input type="checkbox"/>	YES / NO
FOOD SAFETY PLAN ! You must confirm you classification & FSP status.	CLASS 1 or 2 <input type="checkbox"/> Independent Food Safety Plan in use CLASS 2 <input type="checkbox"/> No. 1, Version 2 Food Safety Plan CLASS 2 <input type="checkbox"/> No. 1, Version 3 Food Safety Plan CLASS 3 <input type="checkbox"/> Minimum Records		
FOOD SAFETY SUPERVISOR: (FULL NAME PLEASE)			
MANAGER(S) NAME			
DECLARATION: The above information is true and correct.			
PROPRIETOR(S) SIGNATURE: ! All forms must be signed	DATE:		

The fees: Council's Food Premise Registration fees are currently based on the classification of business. Your classification is shown alongside your Trading Name above (nil GST applicable)

An invoice will be generated upon review of your application.

Office use only

LC REF:	RECEIPT NO:	DATE:
FILE NO:	FEE Paid:	RECEIPT TO: