

TRIM Reference: _____



REGISTRATION OF A FOOD BUSINESS

New Food Premises

Alteration to Food Premises

PROPRIETOR/APPLICANT DETAILS

Proprietor Name: _____

ABN: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Do you required an interpreter/translator for your inspection? Yes No

Language: _____

PROPRIETOR/BUSINESS DETAILS

If food vehicle/temporary food business, please provide details of where the vehicle is garaged.

Trading Name: _____

Premises Address: _____

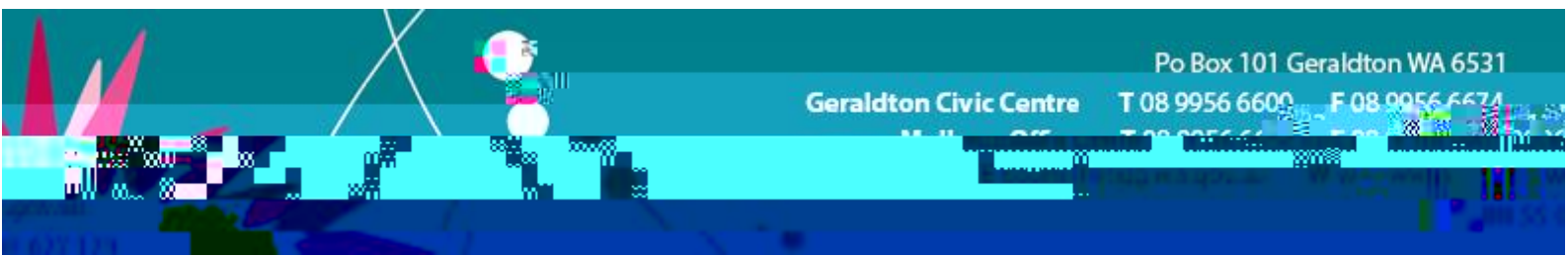
Postal Address: _____ *If different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

Number of Equivalent Full-Time Staff: _____

Nominated Food Safety Supervisor: *Submit food safetyMCIDL*



In the case of a company, the signing officer must state position in the company

OFFICE USE

PJ Account No: 5500-100058-43310

Date Paid: _____

Receipt Number: _____

Officers Initials: _____