



Registration - Food Act 1984

I/We the undersigned, hereby apply to **Register** for the year ending **31 December 2024** under the provisions of the Food Act the Premises hereunder described and depicted in the plan lodged with Council.

Trading Name:			
Food Premises Class:			
Business Description:			
Premises Address /Vehicle Registration:			
Proprietor(s) Name: (Person(s) or Company only)			
Postal Address:			
Telephone:			
Email Address:			
Business ABN Number:	Number of Staff	Seating	Tobacco Sales
	Casual: _____ Permanent: _____	Number: _____ N/A <input type="checkbox"/>	YES /NO
Food Safety Plan *You must confirm your classification and FSP status*	CLASS 1 or 2 <input type="checkbox"/> Independent Food Safety Plan in use; or 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 completed and signed* _____		Date:	

Tick to receive all correspondence from Mansfield Shire Council's Environmental Health Department via email

OFFICE USE ONLY: File No. _____ Debtor No. _____ Fee Paid