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Scone NSW 2337
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Merriwa Office
34 – 40 Vennacher Street
PO Box 111
Merriwa NSW 2329
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Murrurundi Office
47 Mayne Street
PO Box 90
Murrurundi NSW 2338
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Email: council@upperhunter.nsw.gov.au



Food Premises Notification Details

Most food businesses in NSW are required to notify their food activity details to the relevant enforcement agency unless exempt. This requirement is imposed by the Food Act 2003.

The notification must be updated if any details change, including:-

- before any new business or premises starts operation or moves location
 - if the nature of the business changes; and
 - if ownership changes
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Please complete this form and return to Upper Hunter Shire Council.

* Denotes mandatory information

Please select one*:

1. Food business details*

Proprietor/Company Name:

Trading name of Business:

ABN:

1.1 Overall food business size (select one)*

Large: Over 50 employees in food/retail service sector

Medium: 11 – 50 employees in food/retail service sector

Small 1 – 10 employees in food/retail service sector

1.2 Business type (select one)*:

1.3 Other business type (specify):

2. Contact details and address*

Family Name:

First Name:

Business Address:

Town/Suburb:

Postcode:

Phone (BH):

Phone (AH):

Fax:

Email:

2.1 Postal address* (if same as business address write 'as above'):

Postal Address:

Town/Suburb:

Postcode:

3. Declaration and consent*

Personal information in this form may be protected by the *Privacy and Personal Information Protection Act 1998 (NSW)*. By giving this information I consent to the information being recorded on a register and stored. I also consent to this information being disclosed to other relevant Australian agencies engaged in the administration of the *Food Act 2003 (NSW)*. If any information supplied by me may be considered to be untrue or misleading in any respect, I understand that Upper Hunter Shire Council and the NSW Food authority may take such action as it believes necessary including the disclosure of the information to any person or body the Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

Business Person Name:

Business Person Signature:

Date:

Office use only

Date received	/ /	Date entered	/ /	FP No.		DD File No.		Scanned Y/N	
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