

MOSMAN MUNICIPALITY COUNCIL
Tel: (02) 9978 4000 Fax: (02) 9978 4132
Email address: council@mosman.nsw.gov.au



FOOD PREMISES REGISTRATION FORM

Please complete this form and return to Council within seven (7) days via:

Mail or Email:

Mosman Municipality Council
Civic Centre, Mosman Square
P O Box 211 Spit Junction
MOSMAN NSW 2088

SHOP REGISTRATION DETAILS:

Business Name: _____

Premises Address: _____

ABN/ACN: _____

Nature of Business (eg restaurant): _____

Languages Spoken: _____

Food Safety Supervisor Name & Certificate No: _____

Business commence date: _____

PROPRIETOR'S DETAILS:

Proprietor's Name: _____

Postal Address: _____

Business Phone No.: _____

After hours Phone No.: _____

Email: _____

PRIVACY STATEMENT

The personal information requested on this form will only be used to fulfil the purpose for which it is being collected as described on this form. The supply of information by you is voluntary, but if you cannot, or do not wish to, provide the information sought, we may not be able to process your application. Council is to be regarded as the agency that holds the information and will endeavour to ensure that this information remains accurate and up-to-date. You may make an application for access or amendment to this information held by Council. This application form is accessible to the public upon written application, subject to Council's Privacy Management Plan, Section 12 of the *Local Government Act 1993* and the *Government Information (Public Access) Act 2009*.

I have read and understand the Privacy Statement

Signed & Name.....Date:.....