



**Section 100 Food Act 2003
Division 2 Clause 4 Food Safety Standards 3.2.2**

Notification of Food Business

Food Business Trading Name: _____

Proprietor/Company: _____

Type of Food Premises: _____

Address of Premises: _____

Postal Address: _____

Business Telephone: _____

Contact Person: _____

Contact Mobile Telephone: _____

ABN or ACN: _____

Email: _____

Food Safety Supervisor Name: _____

Certificate Number: _____

Certificate Expiry Date: _____

Please turn over for declaration and consent

Declaration and Consent:

Personal information in this form may be protected by the *Privacy and Personal Protection Act 1998* (NSW). By giving this information, I consent to the information being recorded on a database and stored. I also consent to this information being disclosed to other relevant Australian agencies involved in enforcement of food safety and labelling standards and health for relevant monitoring, compliance and/or investigation purposes. My consent includes interstate agencies as applicable. If any information supplied by me may be considered to be untrue or misleading in any respect, I understand that Griffith City Council may take such action as it believes necessary including disclosure of the information to any person or body the Council considers has a legitimate interest in receiving it, and I consent to such disclosure.

Business Persons Name: _____

Business Persons Signature: _____

Date: _____

NOTES:

The Local Council must be notified within 7 days of any change of particulars.

PLEASE RETURN TO GRIFFITH CITY COUNCIL

OFFICE USE:

Date Received: _____ **NAR:** _____

Parcel: _____

Risk Category: **HIGH** **MEDIUM** **LOW**