

Collection Notice: Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the region. The information will not be disclosed to any other party unless required by law.

Non-Profit Organisation details

Name of organisation:		
Incorporated Association number:		
Postal address:		
Locality/ Suburb:	State:	
Country:	Postcode:	
Phone:	Mobile:	
Fax:	Email:	

Contact details

Contact person:	
Position:	
Postal address:	
Locality/ Suburb:	State:
Country:	Postcode:
Phone:	Mobile:
Fax:	Email:

Food business details

Property (Lot and Plan):				
Street address:				
Locality/ Suburb:	State:			
Country:	Postcode:			
Description and frequency of food sold (please refer to guideline):				

Signature of Applicant/s

I/We certify that the above information and the information on any attachments, to the best of my knowledge, is true and correct.				
Signature:	Date:	/	/	
(Individual or Corporation/incorporated Association)				
Signature:	Date:	/	/	
(Second Individual, if applicable				
OFFICE USE ONLY				
Registering officer:	Date:			
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OFFICE USE ONLY