



Retail Food Business Notification Form

Business/Company Name: _____

Owner/Operator Name: _____

ABN: _____

Trading Name: _____

Billing Address: _____

Business Address: _____

Business Type (please tick all applicable):

- Restaurant Pub/Club Cafe/Takeaway Bakery Food Stall
- Mobile Food Vendor Supermarket/Deli Not for Profit/Community Group
- Other _____

Type of Food: _____

Contact Number: _____

Email: _____

Preferred Contact method:

- Phone Email Post No preference

The Food Safety Supervisor requirement applies to retail businesses who process and sell food (prepare and serve) that is:

- ready-to-eat
- potentially hazardous (i.e. needs temperature control)
- NOT sold and served in the supplier's original package.

Do you prepare the above? No Yes (please provide details below)

Food Safety Supervisor Certificate Name: _____

Food Safety Supervisor Certificate number: _____

Food Safety Supervisor Certificate Date issued: _____

The Food Act 2003 (NSW) requires retail food businesses in the NSW hospitality and retail food service sector to:

- Notify the local council of their business and food activity details.