

Food Registration Form

Food Business Details

Trading Name	
Proprietor/Company Name	
Business ABN	
NAFSIS Registration No:	

Business Address & Contact Details

Address	
Suburb / Postcode	
Contact Name (Owner)	
Phone No	
Fax No	
Mobile No	
Email	
After Hours No	

Mailing Address - If the same as Business address write "as above".

Mailing Address	
Suburb / Postcode	

Holroyd City Council
 16 Memorial Avenue
 Merrylands NSW 2160
 Ph. 02 9840 9840
 Fax. 02 9840 9837
 Email:
web2@holroyd.nsw.gov.au
 Internet:
www.holroyd.nsw.gov.au

What is the size of your food business? Tick one box

Large Food Service	Employs more than 51 People	<input type="checkbox"/>
Medium Food Service	6 to 50 Employees	<input type="checkbox"/>
Small Food Service	1 to 5 Employees	<input type="checkbox"/>

Please continue over the page.



Privacy:
 The personal information that you have provided in this Form is for Council purposes only and will be viewed by Councillors and Council staff only.

What is your primary business type? Tick one box only.

Business Type	Yes	Business Type	Yes
Alcohol Retail	<input type="checkbox"/>	Kiosk	<input type="checkbox"/>
Bakery Retail (hot bread, cakes)	<input type="checkbox"/>	Licensed Club	<input type="checkbox"/>
Bakery Wholesale	<input type="checkbox"/>	Manufacturer / Processor (Food)	<input type="checkbox"/>
Canteen/Kitchen (School/Sports Ground)	<input type="checkbox"/>	Meals on Wheels	<input type="checkbox"/>
Caterer	<input type="checkbox"/>	Mobile Caterer Offsite	<input type="checkbox"/>
Charitable Community Organisation	<input type="checkbox"/>	Newsagency	<input type="checkbox"/>
Childcare Centre	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>
Confectionary Retail	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Delicatessen	<input type="checkbox"/>	Pub / Tavern	<input type="checkbox"/>
Food Distributor	<input type="checkbox"/>	Restaurant / Cafe	<input type="checkbox"/>
Fruit & Vegetable Retail	<input type="checkbox"/>	Retailer	<input type="checkbox"/>
Grocery Retail	<input type="checkbox"/>	Seafood Retail	<input type="checkbox"/>
Health Food Shop	<input type="checkbox"/>	Service Station	<input type="checkbox"/>
Home Activity (Food)	<input type="checkbox"/>	Supermarket	<input type="checkbox"/>
Home Delivery	<input type="checkbox"/>	Tobacconist	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Takeaway Foods	<input type="checkbox"/>
Hotel/Motel/Guesthouse/Bed & Breakfast	<input type="checkbox"/>	Other Please Specify Below	<input type="checkbox"/>

Other business type please specify?

Applicants Authority:

I hereby apply for registration of the food premises described in this application.	
Signature of Applicant:	Date:

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Holroyd City
Built Around People

Please forward the completed Food Registration Form to Holroyd City Council. All correspondence should be addressed to the General Manager. Please use the Reply Paid Envelope provided.
 Council's Postal Address:
 Holroyd City Council
 P.O. Box 42
 MERRYLANDS NSW 2160

OFFICE USE ONLY:

Classification	P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/>
File Number	
Identification Number	

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