

# Food business application form



City of HOBART

## When to use this form

Use this form if you would like to:

- register a food business within the Hobart municipal area.
- register a mobile food business.
- provide notification of a food business within the Hobart municipal area.

Once you have submitted this form an officer will contact you to arrange for payment to be taken. Please refer to the [fees and charges](#) for current registration fees.

For further information you can contact us at [coh@hobartcity.com.au](mailto:coh@hobartcity.com.au) or telephone 6238 2715.

Section 84, 87 and 89 of the *Food Act 2003*

## Application and business type

**My food business: (Select 1 option)** Required

- is a mobile food business
- will operate from a fixed premises
- is an ongoing business (e.g. a food stall operating over a number of days at a festival or market etc.)

**I would like to: (Select 1 option)** Required

- notify my intention to operate a food business
- apply to register a food business

## Food business proprietor's details

**Are you applying as an individual or a company? (Select 1 option)** Required

- individual
- company

Complete this field if you selected 'individual' in *Food business proprietor's details: Are you applying as an individual or a company?*

**First name** Required

Complete this field if you selected 'individual' in *Food business proprietor's details: Are you applying as an individual or a company?*

**Last name** Required

Complete this field if you selected 'individual' in *Food business proprietor's details: Are you applying as an individual or a company?*

**Are you the on-site contact? (Select 1 option)** Required

- yes  
 no

Complete this field if you selected 'company' in *Food business proprietor's details: Are you applying as an individual or a company?*

**Company name** Required

Complete this field if you selected 'company' in *Food business proprietor's details: Are you applying as an individual or a company?*

**ACN** Required

Complete this field if you selected 'individual' in *Food business proprietor's details: Are you applying as an individual or a company?*

**ABN** Required

Complete this field if you selected 'individual' in *Food business proprietor's details: Are you applying as an individual or a company?*

**Date of birth** Required

(submitting online? Use the calendar icon on the right to select the date)

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**Email address** Required

**Telephone number** Required

Premises address

**Unit/street number** Required

**Street name** Required

**Suburb (Select 1 option)** Required

- Battery Point
- Dynnyrne
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

**Is this your postal address? (Select 1 option)** Required

- yes
- no

Complete this field if you selected 'no' in *Food business proprietor's details: Is this your postal address?*

**Postal address** Required

**Have you already discussed your application with an Environmental Health Officer? (Select 1 option)** Required

- yes
- no

Complete this field if you selected 'yes' in *Food business proprietor's details: Have you already discussed your application with an Environmental Health Officer?*

**What is their name?** Required

**Preferred contact method (Select 1 option)** Required

- email
- telephone
- Australia Post

Complete this section if you:

- selected 'company' in *Food business proprietor's details: Are you applying as an individual or a company?*

Or if you:

- selected 'no' in *Food business proprietor's details: Are you the on-site contact?*

## On-site contact details

**First name** Required

**Last name** Required

**Email address** Required

**Telephone number** Required

## Food business details

Trading name Required

Is your application for a change of owner for an existing business? (Select 1 option) Required

- yes  
 no

Complete this field if you selected 'yes' in *Food business details: Is your application for a change of owner for an existing business?*

What was the name of the business? Required

Address Required

Is this your postal address? (Select 1 option) Required

- yes  
 no

Complete this field if you selected 'no' in *Food business details: Is this your postal address?*

Postal address Required

What is the proposed date for opening? Required

(submitting online? Use the calendar icon on the right to select the date)

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**Hours of operation**

**Monday** Required

**Tuesday** Required

**Wednesday** Required

**Thursday** Required

**Friday** Required

**Saturday** Required

**Sunday** Required

Complete this field if you selected 'is a mobile food business' in *Application and business type: My food business*:

**Vehicle registration number**

(if your mobile food business is a registered vehicle)

Complete this field if you selected 'is a mobile food business' in *Application and business type: My food business*:

**What is the address where the vehicle will be garaged or equipment will be stored?** Required

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## Food and handling activities

**What type of foods will be sold?** Required

(a menu or product list may be sufficient. This can be attached below.)



Please attach all files to the end of this form before submitting it.

**What types of food handling activities or processes will be used? (Select 1 or more options)** Required

- no processing
- cooking
- cooling
- reheating
- hot-holding, cold-holding
- cook-chill, sous vide
- vitamising
- packaging/repacking/labelling
- vacuum packing
- preparation in advance (>4 hours)
- other



Complete this field if you made a selection that includes 'other' in *Food and handling activities: What types of food handling activities or processes will be used?*

Please specify Required

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Complete this section if you selected 'is a mobile food business' in *Application and business type: My food business:*

## Food business layout

Please attach an A4 plan or photographs clearly showing the layout of your vehicle, cart, tent, booth or other mobile structure. Refer to the [Guidelines for Mobile Food Businesses](#) for more information.

Attachments Required



Please attach all files to the end of this form before submitting it.

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Complete this section if you selected 'is a mobile food business' in *Application and business type: My food business:*

## Food preparation and storage

Will any food from your mobile food business be prepared and/or stored at another location not mentioned on this application? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Food preparation and storage: Will any food from your mobile food business be prepared and/or stored at another location not mentioned on this application?*

Please provide details including the address of any premises where food will be stored or prepared. Required

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## Declaration

**In making this application: (Select 1 or more options)**

- I declare that the information on this application is true, accurate and complete. Required
- I acknowledge that this application is not valid and assessment of the application will not commence until all application fees are paid in full. Required
- I understand and agree that information on this form, and about the business and its on-going operation, may be shared between Authorised Officers, councils, and other jurisdictions to assess this application and the business' compliance with the Food Act 2003. Required
- I consent to receiving communications about this application in electronic form. Required
- I agree that by typing my name below I have signed this application. Required

**Name of signatory** Required

**Date** Required

(submitting online? Use the calendar icon on the right to select the date)

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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#)

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*End of form*

*Don't forget to attach all files before submitting this form*