When to use this form

Use this form if you would like to register a food business within the Hobart municipal area. For further information about applying please refer to our [website](#).

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 or telephone 6238 2715.

Section 87 and 89 of the *Food Act 2003*

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### Business details

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business name</td>
<td>Business name</td>
<td>Required</td>
</tr>
</tbody>
</table>

What is the business name publicly known as? (if different to above)

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

- yes
- no

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

What was the name of the business?  Required
Address  Required
(type your address below or select the ‘use my current location’ button)

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

- yes
- no

Complete this field if you selected ‘no’ in 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)

- D
- D
- M
- M
- Y
- Y
- Y
- Y

Business type  Required (e.g. cafe, bakehouse, restaurant)

What types of food will be sold?  Required

Please provide details of the skills and knowledge that you (as the proprietor) and any other food handlers have.  Required
(include food safety qualifications, training or experience)
Please provide details of any proposed or operational quality assurance program, food safety plan or other approved food safety management system (attach information below if needed). [Required]

Attachments

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

Hours of operation (or attendance on site)

Monday [Required]

Tuesday [Required]

Wednesday [Required]

Thursday [Required]

Friday [Required]

Saturday [Required]
### Food business proprietor's details

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

- 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**

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

**Last name**

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**

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

- D
- M
- M
- Y
- Y
- Y
- Y

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

**Company name**

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

ACN  Required

Email address

Telephone number  Required

Premises address

Unit/street number  Required

Street name  Required
Suburb (Select 1 option)  
- 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
- Tolmants Hill
- West Hobart

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

Preferred contact method (Select 1 option)  
- email
- telephone
- Australia Post

Contact details
**Plans and specifications**

For new or altered premises only please attach plans and specifications or other information clearly showing the design, fitting out and arrangement of plant equipment for the proposed use.

**Attach any relevant documents**

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

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**Declaration**
I have attached the following documents as part of my application: (Select 1 or more options)
- plans, specifications or other information

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 acknowledge and agree that if an email address is provided on this application I consent pursuant to Section 6 of the Electronic Transactions Act 2000 to the Council using that email address as a method of contact and for the provision of information by the Council. [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)

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

End of form

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