When to use this form

Use this form if you want to sell food within the Hobart municipal area.

All businesses who sell food and drinks are required to notify the City by completing this form. For further information about applying please refer to our [website](#).

Once we have received your application an officer will contact you to arrange for payment to be taken. Please refer to the current [fees and charges](#).

For further information you can contact us at coh@hobartcity.com.au or telephone 6238 2715.

Section 84 of the Food Act 2003

### Business details

<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
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</thead>
<tbody>
<tr>
<td>Business name</td>
<td>Required</td>
</tr>
<tr>
<td>Alterations to business name (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Required</td>
</tr>
<tr>
<td>(type your address below or select the 'use my current location' button)</td>
<td></td>
</tr>
<tr>
<td>Is this your postal address? (Select 1 option)</td>
<td>Required</td>
</tr>
<tr>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>no</td>
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</table>
Complete this field if you selected 'no' in Business details: Is this your postal address?

Postal address  Required

Please provide details of skills and knowledge that you (as the proprietor) and other food handlers have.  Required
(include food safety qualifications, training or experience)

Business type (e.g café, bakehouse, restaurant etc.)  Required

Types of food that will be sold: (Select 1 or more options)  Required

- prepared ready-to-eat table meals
- frozen meals
- raw meat, poultry or seafood
- processed meat, poultry or seafood
- fermented meat products
- meat pies, sausage rolls or hot dogs
- sandwiches or rolls
- soft drinks/juices
- confectionery
- processed fruit and vegetables
- raw fruit and vegetables
- infant or baby foods
- bread, pastries or cakes
- egg or egg products
- dairy products
- prepared salads
- alcohol
- other
Complete this field if you made a selection that includes 'other' in Business details: Types of food that will be sold:

Please specify  

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

**ACN**  
Required

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

**ABN**  
Required

**Email address**

**Telephone number**  
Required

Premises address

**Unit/street number**  
Required

**Street name**  
Required
<table>
<thead>
<tr>
<th>Suburb</th>
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<tbody>
<tr>
<td>Battery Point</td>
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<tr>
<td>Dynnyrne</td>
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<tr>
<td>Fern Tree</td>
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<tr>
<td>Glebe</td>
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<tr>
<td>Hobart</td>
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<tr>
<td>Lenah Valley</td>
<td></td>
</tr>
<tr>
<td>Lower Sandy Bay</td>
<td></td>
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<tr>
<td>Mount Nelson</td>
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<td>Mount Stuart</td>
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<tr>
<td>New Town</td>
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<td>North Hobart</td>
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<td>Queens Domain</td>
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<tr>
<td>Ridgeway</td>
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<tr>
<td>Sandy Bay</td>
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<td>South Hobart</td>
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<tr>
<td>Tolmans Hill</td>
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<tr>
<td>West Hobart</td>
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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

Application for notification of a food business  5 of 8
<table>
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<tr>
<th><strong>First name</strong></th>
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<th><strong>Last name</strong></th>
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<th><strong>Email address</strong></th>
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<tr>
<th><strong>Telephone number</strong></th>
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<table>
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<th><strong>Emergency contact name</strong></th>
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<tr>
<th><strong>Emergency contact telephone number</strong></th>
<th>Required</th>
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### Nature of business

*Are you a small business? (employing less than 50 people for manufacturing or 10 people for food service or retail). (Select 1 option)*  
- [ ] yes
- [ ] no
Is the food that you provide, produce or manufacture considered to be ready-to-eat when sold to the customer? (Select 1 option)  
- yes  
- no  

Do you process (chop, cook, dry, ferment, heat and/or pasteurise) the food that you produce or provide before sale or distribution? (Select 1 option)  
- yes  
- no  

Do you directly supply or manufacture food for organisations that cater to the sick, elderly, children under 5 years of age or pregnant women? (such as hospitals, nursing homes or childcare centres) (Select 1 option)  
- yes  
- no  

The following two questions are to be answered by manufacturing or processing businesses only.

Do you manufacture or produce products that need refrigeration? (Select 1 option)  
- yes  
- no  

Do you manufacture or produce fermented meat products such as salami? (Select 1 option)  
- yes  
- no  

The following question is to be answered by food services and retail businesses only (includes charitable and community organisations, market stalls and temporary food premises)

Do you sell ready-to-eat food at a different location from where it is prepared? (Select 1 option)  
- yes  
- no  

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 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)

D D M M Y Y Y Y

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

End of form