

REGULATED PREMISES REGISTRATION FORM
Environmental Health Section



1 Susan Street
 Auburn NSW 2144
 PO Box 118 Auburn NSW 1835
 Phone: (02) 9735 1222 Fax: (02) 9643 1120

The following commercial activities are regulated by Council under provisions of the Local Government Act 1993, the Public Health Act 1991 and/or the Food Act 2003.

New Premises DA Number **OR** Change of Ownership Details

1) TYPE OF PREMISES

FOOD PREMISES H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> RISK (office)	MORTUARY
HAIRDRESSER	PUBLIC POOL/SPA
BEAUTY SALON	PLACE OF SHARED ACCOMMODATION
SKIN PENETRATION	CARAVAN PARK
WATER COOLED/WARM WATER SYSTEM, EG COOLING TOWER/THERMOSTATIC MIXING VALVE	OSMS

2) WHAT IS THE ADDRESS OF THE PREMISES TO BE REGISTERED OR OWNERSHIP DETAILS CHANGED?

Shop/Unit No.	Street No	DP or SP (if known)
Street	Suburb	Postcode

3) TRADING DETAILS

Trading Name	Date of Ownership
Business Phone No.	Business Fax No.

4) COMPANY DETAILS

Company Name	Trading As -	
Registered Business Address		
Company Contact Name	Position (eg Director)	
Company Phone Number	Company Fax Number	Mobile Number
ACN Number	ABN Number	

5) BUSINESS OWNERS DETAILS

<i>Owner 1</i>	<i>Owner 2</i>	<i>Owner 3</i>
Surname	Surname	Surname
First Name	First Name	First Name
Home Address	Home Address	Home Address
Phone Number	Phone Number	Phone Number
Fax Number	Fax Number	Fax Number
Signature / Date	Signature / Date	Signature / Date

6) MAILING ADDRESS

Circle Preferred Mailing Address: Shop Address Home Address Company Address

Other (eg PO Box)

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE

DATE