

# TAX INVOICE

## FOOD ACT 1984

### Application for Registration of temporary food premises

To the Council of the BAW BAW SHIRE

I/We, undersigned, hereby apply to REGISTER the registration for the period \_\_\_\_\_ to \_\_\_\_\_ (date of event) under the provisions of the Food Act 1984 the business described hereunder lodged with the Council.

Name of Applicant (*block letters*) \_\_\_\_\_  
Company Name (if applicable) \_\_\_\_\_  
ABN Number \_\_\_\_\_

Postal Address of Applicant \_\_\_\_\_  
\_\_\_\_\_

Event Name \_\_\_\_\_  
Location \_\_\_\_\_  
Dates of Event \_\_\_\_\_

Description of use (Food Types) \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

Fee Payable \$40 (GST exempt)

Signature of Applicant(s) \_\_\_\_\_  
Date \_\_\_\_\_

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*Please ensure a copy of your food safety program is submitted with this application*

*The information requested on this form is being collected by Council for the purposes registration under Food Act 1984. This information will be used solely by Council for that primary information or directly related purposes. Council may disclose this information to the Department of Human Services for investigation of food related issues. You may gain access to your own information by contacting Council's Freedom of Information Officer/Privacy Officer (telephone 5624 2411).*

#### OFFICE USE ONLY:

Receipt No: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Ledger number 2457051