



FOOD ACT 2004 Section 75

APPLICATION FOR THE RENEWAL OF REGISTRATION OF A FOOD BUSINESS

Details of Proprietor

Full Name _____

Address of Applicant _____

Postal Address _____

Details of Food Business

Name of Food Business _____

Address of Food Business _____

Phone _____ Fax _____

Email _____ Mobile _____

Previous Name of Food Business _____
(if name has changed in the last year)

Has the food business undergone any changes in the structure or food processes in the previous 12 months? (For example, have you renovated or changed production methods).

Signature of Proprietor _____

Printed Name _____

Date of Application _____

Office Use only	File Number _____
Date Received _____	
Date Processed _____	
Responsible EHO _____	
Inspection Required	Yes No
EHO Signature _____	Date _____

Please return form to:
Environmental Health Greater Darwin Region
Department of Health and Families
PO Box 40596, CASUARINA NT 0811
Fax: 08 8922 7036