



# Application Form Registration of New Premises

To: Environmental Health Department  
Frankston City Council  
PO Box 490  
Frankston 3199

Civic Centre  
Corner Young and Davey Streets Frankston  
Phone: (03) 9784 1931  
Fax: (03) 9784 1094

TAX INVOICE ABN 49454768065	GST: NIL
Amount Due: \$	Licence No.: L/

**COMPLETE THIS PAGE AND SUBMIT THIS FORM INTACT WITH PAYMENT**  
**FOOD BUSINESSES ONLY – ATTACH COPY OF TRAINING CERTIFICATE(S) FOR FOOD SAFETY SUPERVISOR**

### DETAILS

Name of Current Proprietors (persons, or company):

Preferred Postal Address of Proprietors:

Trading Name:

Bus. Phone:

Bus. Mob.:

Bus. Fax:

Contact Person at Business:

Mobile/After Hours Phone:

Name of Food Safety Supervisor (Food Business Only):

I /We apply to the Frankston City Council for registration for the year ending 31 December 2008, under the Food Act 1984 or Health Act 1958 or Residential Tenancies Act.

Date:

Applicant Signature:

Name of Person(s) Signing:

#### Privacy Statement

This information is collected under the requirements of the Food Act for enforcement and public health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes relating to the applications of the Act. It will be treated in compliance with the Department of Human Services Privacy Principles and the council's Privacy Policy.

The personal information requested on this form is being collected by Council for the Registration of New Premises permit application. This information will be used solely by Council for that primary purpose or directly related purposes and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information.

### Office Use Only

Proprietor(s):

**In Person** (cash, cheque, EFTPOS)  
Civic Centre, Davey Street, Frankston.  
Seaford Shop, 120 Nepean Highway, Seaford.  
Langwarrin Shop, Shop 6, Gateway Shopping Centre.

Address of premises (or address where vehicle is garaged):

**By Mail** Send this Application Form with a not negotiable cheque or money order. (DO NOT SEND CASH)

License No.:  
Account Code: **RC 175**

**By Phone** Fax application to (03) 9784 1091 for phone credit card payments (Mon to Fri 8:20am-5:00pm)

Amount due: \$