

Muswellbrook Shire Council ABN 86 864 180 944

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PO Box 122 Muswellbrook NSW 2333 Campbell's Corner 60-82 Bridge Street, Muswellbrook

www.muswellbrook.nsw.gov.au

Business Registration

About this form/how to complete

This form is used for registration of businesses that trade under the Food Act or as defined under the Public Health Act (excluding regulated premises). These businesses include Food Premises including home based businesses, Beauty Salons, Hair Dressing Salons, Tattoo and Piercing Parlors, Public Swimming Pools and Spas etc. You may use this form to register new premises or to make changes to existing registered premises which falls into the above listed categories.

• Please note you are required to ensure your business is registered with Council prior to trading. Trading without registration may incur penalties.

Business Details				
Business/Company Name				
Trading Name				
Type of Business (e.g.	food (list type), beauty salons, tattoo	parlor, barber, swimming pool and /or spa, e	tc):	
Proprietor/s (List all)	Title	Given Name	Family Name	
ABN/ACN (attach copy)				
Driver Licence Number	r or Passport Number			
Business Trading Details				
Street Number				
Street Name				
Suburb		Postcode		
Store Manager				
	FSS Name (If applicable)			
	FSS Expiry Date (If applicable)			
Date on which changes will take effect/date of intended commencement of Business				
Trading Hours				

Contact information				
Business No	umber			
Mobile Num	Home Number			
Email Addre	ess			
Postal addre	ess	_		
	(*Please note – this is the address that will be used to send all correspondence from Council including invoices and education resources. Should you wish to have invoices sent separately, please advise a Council Officer upon lodging this form)			
Lodgement Details: You can lodge the completed application by:				
Email Address: council@muswellbrook.nsw.gov.au Mail: PO Box 122 MUSWELLBROOK NSW 2333 Or in person: Council Administration Centre, 157 Maitland street, Muswellbrook Once your application is received a council officer will contact you if further information is required.				
Application Declaration				
I declare that to the best of my knowledge, the information provided in this application is accurate and correct				
Name	Signature			
Date				