



THE COUNCIL OF CAMDEN

REGISTRATION OF FOOD PREMISES

File No.....

Details

1. Business name, address and phone number
 Business Name:
 Street No: Street:
 Suburb:
 LotDP.....

2. Name, postal address and contact phone number of the business proprietor
 Contact name:.....
 Postal address:.....
Postcode
 Phone: (w).....(h).....
 Fax:

3. Name, address and contact phone number of the building owner
 Building Owner's name:
 Address:.....
Postcode
 Phone: (w).....(h).....
 Fax:

4. Type of Business

 New Premises
 Existing premises/transfer of ownership

5. Signature
 Signature of Proprietor: _____
 Date: _____

Please return this form to **Camden Council**, 37 John Street, Camden NSW 2570, Fax No. 02 4654 7829
 Should you require any assistance or further information please contact Council's Environment and Health Branch
 Ph 02 4654 7777.