



<b>Business / Licensee Details</b>	Company Name:	
	Trading Name:	
	ABN:	
	Location of Market:	Date of Market:
	Suburb:	Postcode:
	Business Phone:	Mobile:
	Email Address:	Fax:
<b>Postal Address</b>	Postal Address:	
	Suburb:	Postcode:
<b>Preferred Contact</b>	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other	
	Family Name:	Given Name:
	Company/Organisation (if applicable):	
	Address: Unit/Street No:	Street:
	Suburb:	Postcode:
	Mobile Phone:	Email:
<b>Trading Details</b>	Food to be sold:	
	Address any additional food storage/preparation locations:	
<b>Food Safety Supervisor</b>	Family Name:	Given Name:
	FSS Certificate Number:	
<b>Authorisation</b>	I certify that the details I have provided are true and accurate. I undertake to keep Edward River Council informed on any changes.	
	Signature:	
	Name:	Date:
<b>Office Use Only</b>	<i>Food Licence Number: FOOD/</i>	<i>Dimension:</i>
	<i>Major Category:</i>	<i>Minor Category:</i>
	<i>FSS Required:</i>	<i>Fast Choice Food Premises:</i>