

## Application for Approval of Food Premises Fit-out Plan

### A1. Application Details

Surname/s	<input type="text"/>	Given Name/s	<input type="text"/>
<b>OR</b>			
Company/ Organisation	<input type="text"/>	ABN	<input type="text"/>
Applicants Address	<input type="text"/>	Postal Address	<input type="text"/>
Contact No.	<input type="text"/>	Email	<input type="text"/>
Driver Licence No	<input type="text"/>	State of Issue	<input type="text"/>

### A2. Business Details

- ☐ New Business  
☐ Existing Business

Business Trading Name

Business Site  
Address

#### Business Type

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Bakery        | <input type="checkbox"/> Supermarket       | <input type="checkbox"/> Newsagency       | <input type="checkbox"/> Licensed Club     |
| <input type="checkbox"/> Cake Shop     | <input type="checkbox"/> Green Grocer      | <input type="checkbox"/> Canteen          | <input type="checkbox"/> Service Station   |
| <input type="checkbox"/> Coffee Shop   | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> School Canteen   | <input type="checkbox"/> Variety Store     |
| <input type="checkbox"/> Bookshop Cafe | <input type="checkbox"/> Delicatessen      | <input type="checkbox"/> Pharmacy         | <input type="checkbox"/> Food Manufacturer |
| <input type="checkbox"/> Restaurant    | <input type="checkbox"/> Poultry Shop      | <input type="checkbox"/> Sushi Shop       |  |
| <input type="checkbox"/> Takeaway      | <input type="checkbox"/> Seafood Shop      | <input type="checkbox"/> Pub/Hotel/Tavern |  |

Other:

#### NOTE!

*One set of plans must be lodged with this application, drawn to a scale of 1:50 fully dimensioned, legible and must show floor plan and two sectional elevations accompanied by a site plan drawn to a scale of 1:200*

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## A3. Approval Details

Has a Development Application been lodged? ☐ Yes ☐ No

If 'Yes' please provide DA Number

Has a Development Application been issued? ☐ Yes ☐ No

## A4. Land Description

Lot Number	<input type="text"/>	Section	<input type="text"/>	DP/NPP/SP	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>

Unit/Street No	<input type="text"/>	Street	<input type="text"/>
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Suburb/Town	<input type="text"/>
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## A5. Privacy and Personal Information Protection Notice

I declare that all the information in this application is true and correct.

Some information requested by Council for this form constitutes personal information under the *Privacy and Personal Information Protection Act 1998* (NSW).

Purpose of Collection: For Council to carry out certification work for the applicant.

Intended Recipients: Council staff, Government agencies

Supply: Legally required, Council may not be able to accept your application if information is not provided.

Right of Access / Correction: Contact Council (02) 6670 2400 or email [tsc@tweed.nsw.gov.au](mailto:tsc@tweed.nsw.gov.au)

Storage details: Tweed Shire Council, 10-14 Tumbulgum Road, Murwillumbah NSW 2484

Consequence of non-provision of information: Failure to provide correct business details is a breach of the Food Safety Standards.

Applicants Name	<input type="text"/>	Date	<input type="text"/>
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