



CITY OF VINCENT

FOOD BUSINESS

ADDITIONAL INFORMATION FORM

1. Food Business Details

Name of Business: _____

Business Reference No.: _____

2. Applicant Details

ABN/ACN: _____

Business Operators Mobile No.: _____

Business Phone No.: _____

Preferred E-mail Address for Business Communications: _____

3. Primary Use of Premises

Please tick **one** box that best describes the premises. Where there is more than one type of use, select the main source of income and write the other types of use in the 'Secondary Use of Premises' section below.

- Canteen/School
- Caterer
- Charitable Organisation
- Childcare Centre
- Club/Community Group
- Distributor
- Family Day Care
- Home Delivery
- Hospital/Nursing Home
- Hotel/Motel/Guesthouse
- Importer
- Licensed Premises/Pub/Tavern
- Manufacturer/Processor
- Meals on Wheels
- Mobile Food Vehicle
- Packer
- Restaurant/Café
- Retailer
- Snack Bar/Takeaway
- Storage
- Temporary Food Stall
- Transport

4. Secondary Use of Premises

(For example, if your primary use is restaurant/café, but you also operate a temporary food stall at events):
