

New Premises Registration / Change of Existing Registration

About this form

This form is used for the regulation of food premises, home based businesses, beauty salons, hairdressers, sex premises and places of shared accommodation. You may use this form to register new premises or to make changes to registration for existing premises which fall into these categories.

Important information:

Please note that the lodgement of this form, does not constitute a development approval for the use of the premises. Failure to obtain or have the necessary approval may result in enforcement action from Council.

How to complete this form

- 1: Ensure that all fields have been filled out correctly.
- 2: Once completed you can submit this form by mail and in person. Please refer to the Lodgement details section for further information.

Part 1: Premises Details

Trading Name

Shop Number

Building/Arcade

Fixed Trading Address (Mooring location if vessel)

Phone Number

Trading Days and Hours

Part 2: Proprietor Details

Given Name/s

Family Name

Proprietor/Company Name

ABN / ACN of Occupier (if any)

Director Name/s

Postal Address (all correspondence will be sent to this address)

Note: Before this application can be lodged at least one of the modes of contact below must be supplied.

Business Number

Mobile Number

Home Number

Email Address

Contact Person (if different from above)

Position

Date on which changes will take effect / date of commencement of business (whichever is applicable)

Part 2: Premises Details Continued...

Please indicate for which purpose you are submitting this form by ticking one of the boxes below

New premises Change of proprietor Other

Ceased to trade Change of trading name

If you ticked 'Other' Please provide details in the box below

Please indicate the type of business to which your application relates by ticking the applicable box/es below

Food premises with a Liquor Licence Food premises without a Liquor Licence Home based businesses

Dark kitchen (permanent) Dark kitchen (casual)

Place of shared accomodation Boarding House / Backpackers Beauty salon Hairdresser Sex Premises

Boat/Vessel ► Registration number

Liquor Licence number DA or CDC or OC number * * Please provide at least one

Licencee

Part 3: Privacy & Personal Information Protection Notice

Purpose of collection: This information is being collected for the purpose of registering or modifying premises, contacting the business as needed to provide or request information.

Intended recipients: City of Sydney employees. Any approved contractors required to provide this service.

Supply: The supply of this information is required by law. If you are unwilling to provide this information, the City of Sydney may be unable to provide access to City of Sydney services.

Access/Correction: Please contact Customer Service on 02 9265 9333 or at council@cityofsydney.nsw.gov.au to access or correct your personal information.

Storage: The City Planning, Development and Transport Unit at the City of Sydney, located at 456 Kent Street, Sydney NSW 2000, is collecting this information and the City of Sydney will store it securely.

Other uses: The City of Sydney will use your personal information for the purpose for which it was collected and may use it as is necessary for the exercise of other functions.

For further details on how the City of Sydney manages personal information, please refer to our Privacy Management Plan cityofsydney.nsw.gov.au/policies/privacy-management-plan.

Part 4: Lodgement Details

You can lodge the completed application by:

EMAIL: council@cityofsydney.nsw.gov.au

MAIL: City of Sydney
GPO Box 1591
Sydney NSW 2001

IN PERSON: Town Hall House - Level 2, 456 Kent Street, Sydney
See our website for details of all customer service centres and opening hours:
cityofsydney.nsw.gov.au/customer-service-centres

WHAT NOW: Once your application is received a Council Officer will contact you if further information is required.

For further information regarding your application please contact us by visiting cityofsydney.nsw.gov.au/contact-us

Part 5: Applicant Declaration

I declare that to the best of my knowledge, the information provided in this application is accurate and correct.

Proprietor Name

Proprietor Signature

Date

Office Use Only

File Number

Entered by (please print name)

Date

Please Note: If this form is received at a One Stop Shop, please forward it to the Health and Building Unit on THH Lvl 16