New Premises Registration / **CITY OF SYDNEY** 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 accomodation. You may use this form to register new premises or to make changes to registration

for existing premises which fall into these categories.

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	Number Building/Arcade				
Fixed Trading Address (Mooring location if vessel)					
Phone Number Trac		Trading Days and	d 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 corresponde	ence will be sent to this add	dress)			
Note: Before this application of	can be lodged at least o	ne of the modes of c	ontact below must be supplied.		
Business Number	Mobile Num	nber	Home Number		
Email Address					
Contact Person (if different from	n 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	e 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					
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,					
Intended recipients:	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 <u>cityofsydney.nsw.gov.au/policies/privacy-management-plan</u>.

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	DX:	1251
	Town Hall House - Level 2	456 Kent S	Street Svdr

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

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 <u>cityofsydney.nsw.gov.au/contact-us</u>

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