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*In Replying Please Quote: 75 040 001
 If Calling Please Ask For: Ross Cairns or Lisa Giese*

APPLICATION FOR REGISTRATION OF FOOD VEHICLE

To the *Rural City of Wangaratta* Council

I/we the undersigned apply to register, under the provisions of the Food Act 1984 the vehicle described hereunder and depicted in the floor plan *attached/lodged with council, for the year ending 31 December 2017.

| | |
|----------------------------|-------------|
| Proprietor Name: | |
| | |
| Proprietor Address: | |
| | |
| | |
| Proprietor Phone: | Fax: |
| Proprietor Email: | |

| | |
|--------------------------------|-------------|
| Business Name: | |
| Vehicle Garage Address: | |
| | |
| Postal Address: | |
| | |
| Business Phone: | Fax: |
| Business Email: | ABN: |

Description of Vehicle (ie make, model, colour):

Vehicle Registration Number:

Name of Food Safety Supervisor:

Signature of Proprietor:

Date:

Fee: \$

| |
|---|
| OFFICE USE ONLY: (NEW) Registration Number: Debtor Number: Receipt Number: Date: Amount: \$ |
|---|

- Provide the name of your Food Safety Supervisor with your registration;
- Attach your Food Safety Program;
- Complete all details and sign the form;
- Registration fees are **GST Exempt. TAX INVOICE** (keep a copy for your records)