



PortAugusta
CITY COUNCIL

Application for Home Based Food Business

Applicant Name:

Mailing Address

Mobile Phone

Business Telephone

Email

Type of Business: Retail / Manufacturing / Storage or Distribution

Description of Proposed Food Business: Include types of food, frequency of manufacture and quantity / volume of food

Proposed operating hours

Proposed number of employees handling food:

Are the business activities proposed to be undertaken in a separate kitchen? YES / NO

Please include plans / diagrams of the kitchen including equipment installed, types of flooring, etc.

Notification submitted by

Signature

Date