|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | |
| NT Food Act 2004 | | | | | | | | | | | |
| You can use this form to renew your current food business under the NT [*Food Act 2004*](https://legislation.nt.gov.au/en/Legislation/FOOD-ACT-2004).  Most businesses or groups selling food must be registered with the Department of Health. Exemptions may apply to food businesses that raise funds solely for community or charitable purposes depending on the type of food and operation. Before you renew You must make sure you’re familiar with the NT [risk classification system in food businesses](https://nt.gov.au/industry/hospitality/accommodation-and-food-businesses/risk-classification-in-food-businesses).  To pay the standard renewal fee, you must renew your registration before the expiry date of your current food business registration.  A fee is required for each premise your food business operates. If you operate a mobile food business or market stall then a fee is required per vehicle or stall.  **Supporting documents**  As part of your application, you may also be required to submit the following documents if you have made changes to your business:   * copy of your proposed business menu * water test results if your business uses a private water supply * floor plan showing the layout and details of all:   + fixtures   + fittings   + equipment   + food storage location   + surface finishes   + elevations.  Privacy statement The Northern Territory Government values and is committed to protecting your privacy. We handle your personal information in accordance with the information privacy principles in the [*Information Act 2002*](https://legislation.nt.gov.au/Legislation/INFORMATION-ACT-2002).  We will only use personal information contained in the forms to provide you with a department service or program. We don’t share information about you with other government agencies or other organisations without your permission unless:   * it’s necessary to provide you with a service that you have requested * it’s required or authorised by law * it will prevent or lessen a serious and imminent threat to somebody’s health.   We recommend you read the privacy policy on the [Department of Health website](https://health.nt.gov.au/freedom-of-information). | | | | | | | | | | | |
| Fields marked with asterisk (\*) are mandatory.  Fields marked with caret (^) are office use only. | | | | | | | | | | | |
| **Section 1 – food business details** | | | | | | | | | | | |
| Have there been any changes to your business in the last 12 months? If yes, describe the changes in detail below and attach supporting documents eg. new menu, floor plan showing layout and details of all fixtures, fittings, equipment and surface finishes. | | | | | | | | | | Yes / No | |
|  | | | | | | | | | | | |
| Section 2 – proprietor details | | | | | | | | | | | |
| **Note:** proprietor is the applicant of this application and serves as the default contact for any premises or location. If you have additional proprietors, attach a separate form. | | | | | | | | | | | |
| **ABN/ACN**\* | |  | | | | | | | | | |
| **Business name**\* | |  | | | | | | | | | |
| **Given name**\* | |  | | **Family name**\* | | |  | | | | |
| **Phone number**\* | |  | | **Mobile number**\* | | |  | | | | |
| **Email address**\* | |  | | | | | | | | | |
| **Postal address**\* | |  | | | | | | | | | |
| **Suburb**\* | |  | **State or territory**\* | |  | | | **Post code**\* | | |  |
| Section 3 - premises details | | | | | | | | | | | |
| **What is your current risk classification?**  For more information, read the [food business registration fees](https://nt.gov.au/industry/hospitality/accommodation-and-food-businesses/food-business-registration-fees). | | | | | | | | | | | |
| **Priority 1**\* | | | | | | | | | | | Yes / No |
| **Priority 2**\* | | | | | | | | | | | Yes / No |
| **Priority 3**\* | | | | | | | | | | | Yes / No |
| **Provide the premises your business trades from -** if you have a:   * mobile food vehicle, provide the address where it’s garaged * market stall, provide the address where the food is prepared.   If you have additional premises, you must fill in a separate form. | | | | | | | | | | | |
| **Lot number**\* | |  | | | | **Unit number**\* | |  | | | |
| **Shop or tenancy number**\* | |  | | | | | | | | | |
| **Property address**\* | |  | | | | | | | | | |
| **Suburb/town**\* | |  | **State or territory**\* | |  | | | **Post code**\* | | |  |
| **Does the premises use water from a private water supply?**\* eg. bore water or rainwater. If yes, attach test results as you have a responsibility under the [Public and Environmental Health Regulations 2014](https://legislation.nt.gov.au/Legislation/PUBLIC-AND-ENVIRONMENTAL-HEALTH-REGULATIONS-2014) to demonstrate you have a potable water supply. Microbiological testing must be done every 12 months and chemical testing every 5 years.  For more information, read [private water supplies for business](https://nt.gov.au/industry/hospitality/accommodation-and-food-businesses/private-water-supplies-businesses)es or contact the Public Health Unit. | | | | | | | | | | | Yes / No |
| **Do you have a trade waste discharge approval?**\* If no, you must apply for a trade waste discharge approval.  For more information, go to the [Power and Water Corporation website](https://www.powerwater.com.au/developers/water-and-wastewater/trade-waste) or email the Trade Waste Unit at [tradewastedept.pwc@powerwater.com.au](mailto:tradewastedept.pwc@powerwater.com.au). | | | | | | | | | | | Yes / No |
| **Section 4 – declaration** | | | | | | | | | | | |
| **I hereby declare that the information contained in this application, or attached to this application, is accurate and correct to the best of my knowledge.**\* | | | | | | | | | | | |
| **Full name** | |  | | | **Date** | | | |  | | |
| Office use only^ | | | | | | | | | | | |
| Full name^ | |  | | | | | | | | | |
| Job title^ | |  | | | | | | | | | |
| Tracking number^ | |  | | | | | | | | | |
| Phone or email^ | |  | | | | | | | | | |
| Further information Email your completed form to your closest environmental health office.  For Top End region, email [envirohealthte@nt.gov.au](mailto:envirohealthte@nt.gov.au) or call 08 8922 7377  For Central Australia region, email [envirohealthca@nt.gov.au](mailto:envirohealthca@nt.gov.au) or call 08 8955 6122. | | | | | | | | | | | |
| End of form | | | | | | | | | | | |