



The Catering and Hospitality Management Consultants.

ABN 60 085 421 889

26 Wingadee Place, Windsor Downs NSW 2756, pH / fax (02) 45740392,

Mobile: 0411757510

Email: cmc_solutions@bigpond.com

Details of Applicant

Contact Person(s): <i>Full Name</i>				
Address:				Postcode:
Telephone: <i>Include area code:</i>	Contact:	Phone:	Mobile:	Other:
Email Address:			Byron Bay Permit <small>(attach copy of TFP) - Food</small>	
Company Name: <i>Include Trading Name.</i>	Trading as:			
Company ABN:			Facebook Site:	
Food Safety Supervisor Certificate (pls attach certificate)	Name on FSS	FSS Number	Date of Issue	Expiry date

Details of Outlet / Operation

Name of Outlet / Operation:		Attach Photo of Operation: <input type="checkbox"/> Yes	Attach List of event experience: <input type="checkbox"/> Yes	
Attach Product and Pricing <input type="checkbox"/>		Fire Extinguisher <input type="checkbox"/> Yes	Fire Blanket <input type="checkbox"/> Yes	
Size of Outlet:	Size of BOH:	Power Requirements: <small>Power in amps (ie 10 or 15 amps)</small>	Water: <input type="checkbox"/> <input type="checkbox"/> <small>Tank Connection</small>	Sullage: <input type="checkbox"/> <input type="checkbox"/> <small>Tank Connection</small>
Coolroom: <input type="checkbox"/> Own <input type="checkbox"/> Need to Hire	Handwashing <input type="checkbox"/> Own <input type="checkbox"/> Need to Hire	Staff Numbers:	Food Safety Plan* <input type="checkbox"/> Yes <input type="checkbox"/> No	SWMS Plan* <input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance Details

Please supply copy of insurance papers

Policy Type	Insurance Company.	Policy Number	Expiry date
Workers Compensation*			
Public & Product Liability* <small>(\$10M minimum)</small>			
Other*			