




**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
 FOOD REGULATION 2004**

 Phone: (02) 6552 3000 Fax: (02) 6552 7239 Office Hours: 8.30 - 5.00 (Monday - Friday)
 NSW Food Authority, PO Box 6682 SILVERWATER NSW 1811

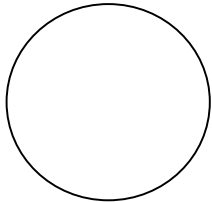
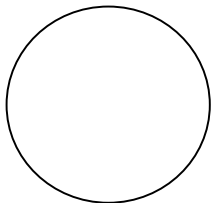
APPLICANT DETAILS:

Business Structure (please tick appropriate box)	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other Give details.....	
Full Name(s) of all applicant(s) <ul style="list-style-type: none"> • Sole Trader • Partners • If a Company, please provide name(s) of all Director(s) • If a Trust, please provide name(s) of nominated person(s) to receive correspondence • Association, please provide copy of Certificate of Incorporation 	Family Name (Mr Mrs Miss Ms)	Given Name(s)
Name of Registered Company (if applicable)  If a Company, please provide a copy of full ASIC Company Registration Certificate & ABN Certificate		ABN ACN
Trust Name (if applicable)  If a Trust, please provide a copy of full ASIC Company Registration Certificate & ABN Certificate		
Trading Name (if applicable)  If operating under a trading name, please provide copy of Department of Fair Trading Certificate of Registration of Business Name		
Postal Address of applicant(s) for service of notices	Business Contact Details: Telephone No: () Facsimile No: () Mobile No:	
Email address: Do you want to receive the NSW Food Authority 'Foodwise' newsletter?	<input type="checkbox"/> YES – Please send to the above email address. <input type="checkbox"/> YES – Please send to the postal address indicated above. <input type="checkbox"/> NO – I do not wish to receive the 'Foodwise' newsletter.	
Authorised Contact Name		Authorised Contact's Phone Numbers: Telephone No: () Facsimile No: () Mobile No:
Position		
Do you have an existing Food Authority licence? If so, please give details.	Licence No: Customer No:	

TAX INVOICE

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<p>SIGNATURE(S) OF ALL APPLICANT(S)</p> <ul style="list-style-type: none"> • <i>All applicants must sign individually</i> • <i>If a company, show capacity of person signing</i> 	<p>I/We hereby certify that all information provided on this form is true and correct.</p> <p>Date of Application: ____/____/____</p> <p style="text-align: right;">  Company Seal (if applicable) </p>
<p>CONSENT OF PRESENT LICENCEE(S) (If applicable)</p> <ul style="list-style-type: none"> • <i>All licencee(s) must sign individually</i> • <i>If a company, show capacity of person signing</i> 	<p>I/We, the current licencee(s) will/will not continue to conduct a seafood business using the premises and/or vehicle(s) and agree/do not agree to the cancellation of the Licence for the premises and/or vehicle(s). My/Our licence number is _____.</p> <p style="text-align: right;">  Date: ____/____/____ Company Seal (if applicable) </p>

Office Use Only: DEBTOR CODE: _____ LICENCE NUMBER _____ INVOICE NUMBER _____


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2. PREMISES INFORMATION


- If licensing more than one premises, please photocopy this page, complete and return with other pages of application form

Nominated commencement of trading date	
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1. Lease Information:	
a. DPI Fisheries Aquaculture Permit Number:  Please provide copy of your NSW Fisheries Aquaculture Permit with this application	
b. Please specify the estuary/ies where leases are held:	

2. Street address of building or premises (if the same as the postal address on Applicant Details page, please write "same")		Telephone no
		Mobile no
		Facsimile no
	State:	Post Code:

3. Please tick and specify what operations are carried out at this premises:	
a. Shellfish Aquaculture?	Farm Oysters Farm Blue Mussels
b. Depurate Oysters?	No Yes - If yes, please specify DP Number _____
c. Open Oysters?	Open oysters Bottle Oysters Other _____
d. Wet Store shellfish?	Oysters Mussels Pipis Cockles Other _____
e. De-sand wild shellfish?	Cockles Mussels Pipis

4. Collect wild shellfish?	No Yes
a. Wild shellfish harvested?	Pipis Cockles Other _____
b. DPI Fisheries Endorsement  Please provide copy of your DPI Fisheries Endorsement with this application	
c. Location of harvest area	

NB: If wild shellfish is collected outside of the oyster harvest local program area, then a licence fee may apply.

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<p>5. If farming oysters, are you a spat only farmer (ie. oysters are sold for on-growing to another oyster farmer licenced with the NSW Food Authority)?</p>	<p>If Yes, please complete the declaration below:</p>
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DECLARATION – SPAT ONLY HARVESTING

I/we,⁽¹⁾..... do solemnly and sincerely declare as follows; ***(I/we cultivate shellfish solely for the purpose of selling to other shellfish producers for on-growing for a period greater than 60 days)***. I/We do not harvest shellfish for either direct human consumption or for depuration and human consumption. I/we do not depurate shellfish for myself or any other seafood businesses as defined under the *Food Regulation 2004*. I/we will advise the NSW Food Authority should this situation change in the future.

I/we the undersigned, certify that the information given in this form is correct at this date.

Signature/s: _____
 Name/s (please print): _____
 Position: _____
 Date: _____

3. VEHICLE INFORMATION

- If you transport, pickup or deliver seafood please fill in the following section
- If licensing more than one vehicle, please photocopy this page, complete and return with other pages of application form

1. Vehicle details			
a. Make		b. Body type	
c. Year of manufacture		d. Registration number	
2. Is it refrigerated?		Yes	No
3. Address where garaged?			
4. Address where most seafood is picked-up?			
5. Please tick which type of seafood you transport			
a. Live seafood	Finfish Other	Shellfish Please specify	Crustacea
b. Fresh Chilled Seafood	Finfish Other	Shellfish Please specify	Crustacea
c. Frozen seafood	Finfish Other	Shellfish Please specify	Crustacea

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4. DECLARATION

I/we the undersigned, certify that the information given in this form is correct at this date.

Signed _____

Name (please print) _____

Position _____

Date _____

PAYMENT INFORMATION

PAYMENT METHODS FOR A FOOD AUTHORITY LICENCE APPLICATION INCLUDE:

A. PAYMENT BY CHEQUE OR MONEY ORDER

Please mail money order or cheque (crossed 'Not negotiable' and made out to NSW Food Authority) along with completed application form to PO Box 6682, Silverwater NSW 1811

B. PAYMENT BY BPAY®, INTERNET BANKING OR TELEPHONE

If you wish to make payment by any of the above methods, please submit your completed application form without payment to the Licensing Unit by:

- Fax to (02) 6552 7239;
- Post to PO Box 232, Taree NSW 2430; or
- Email to licensing@foodauthority.nsw.gov.au

An invoice will then be forwarded to you for payment.

Please note: The NSW Food Authority does not have a facility for American Express.

CHECKLIST

To avoid any delays in the processing of your application, please ensure all relevant documentation is submitted with this application form.

- Application form completed and signed
- Company registration certificate attached (where applicable)
- Certificate of registration of business name attached (where applicable)
- ABN certificate (where applicable)
- Wild shellfish harvest endorsement/ licence issued by DPI Fisheries (where applicable)
- Aquaculture permit issued by DPI Fisheries (where applicable)
- Payment attached

Please return all pages of your NSW Food Authority changes to seafood licence application to:

**NSW Food Authority
PO Box 6682
Silverwater NSW 1811**

OFFICE USE ONLY	
Date Received:	Amount Paid:
Customer Code:	Receipt no: