

# Form to notify as a wholesaler of emu eggs for human consumption

A food business notification with the NSW Food Authority is required for operators of emu farms that sell emu eggs by wholesale (business-to-business) for human consumption. Only whole unprocessed eggs may be sold to retail food businesses, such as cafés, restaurants, takeaways and caterers. Refer to the [Guidelines for emu egg farms](#) (PDF, 899 KB) for more information.

Submit this form via one of the following methods:

- Email: [bfs.admin@dpird.nsw.gov.au](mailto:bfs.admin@dpird.nsw.gov.au)
- Post: NSW Food Authority, PO Box 232, Taree NSW 2430

Your submission will be reviewed within 10 business days. Once processed, you will receive a ‘food business notification’ reference number and certificate.

For information or assistance contact the Licensing & Accreditation Services on

- 1300 552 406 (9.30am – 4.30pm NSW business days)
- [bfs.admin@dpird.nsw.gov.au](mailto:bfs.admin@dpird.nsw.gov.au)

Visit [www.foodauthority.nsw.gov.au/industry/manufacturers-and-wholesalers/emu-egg-farms](http://www.foodauthority.nsw.gov.au/industry/manufacturers-and-wholesalers/emu-egg-farms)

## Part A: Business details

### i. Business structure and details

Sole trader / Individual

Last name

First name

Partnership

#### Partner names

Last name

First name

Last name

First name

Last name


First name

Company

Company name (if applicable)


ACN

Tick the relevant option:

- I have  attached an ASIC Company Extract listing the Directors.
- I am authorised to give consent to the NSW Food Authority to conduct an ASIC company search on behalf of this business and agree to pay the associated fee of \$50.


Association

Association name (If applicable.)

- I have  attached the Certificate of Incorporation.

Trust

Trust name (If applicable.)

- I have  attached the section of the Trustee Deed naming the Trustee/s.

## ii. ABN and trading name

ABN

Trading name (if applicable):  attach a copy of the ASIC Business Name Certificate.

## iii. Contact details

Postal address

Suburb

State

Postcode

Phone

Mobile

Email

### Authorised contact details

Mr  Mrs  Miss  Ms  Dr  Professor  Other

Full name

Role

Phone

Mobile

Email

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## Part B: Business activity

### (a) Premises details – address and property details for the emu farm

Address

Suburb

State

Postcode

Lot no.

Plan no.

### (b) National Parks & Wildlife Service licence number (see [www.environment.nsw.gov.au/licences-and-permits/wildlife-licences/emu-farming-egg-carving-licences](http://www.environment.nsw.gov.au/licences-and-permits/wildlife-licences/emu-farming-egg-carving-licences))

### (c) Production and supply details

Flock size (e.g. number of emus)

Number of emu eggs produced per year

Number of emu eggs intended for sale for human consumption per year

Intended start date

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## Part C: Declaration

**Signature(s)** – sign below with your name clearly printed underneath.

- I/we hereby certify that all information provided on this form is true and correct.
- I/we hereby certify that I am/we are authorised to submit this form on behalf of this business.

Signature(s)

Date

Name(s)

Role(s)