

Food Premises Advisory Inspection Application and Checklist 2024/2025



If you need help lodging your form, contact us				Office use only	
Email	council@northernbeaches.nsw.gov.au			Form ID	2050
Phone	1300 434 434			TRIM Ref	
Customer Service Centres	Manly Town Hall, 1 Belgrave Street, Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road, Dee Why NSW 2099	Mona Vale 1 Park Street, Mona Vale NSW 2103	Last Updated	June 2024
				Business Unit	Environmental Compliance
				Application No.	
				Receipt No.	

Privacy Protection Notice	
Purpose of collection	For Council to provide services to the community
Intended recipients	Northern Beaches Council staff
Supply	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/correction	Please contact Customer Service on 1300 434 434 to access or correct your personal information

Payment options	
In person	Visit one of our Customer Service Centres (listed above) to apply and pay over the counter:
Via post	Send the completed application form and cheque payment to: Northern Beaches Council, PO Box 82, Manly NSW 1655. Please allow extra time for this option.
Via email	Send the completed application form to council@northernbeaches.gov.au and we will call you for payment. Please allow extra time for this option and note the application is not approved until payment is received.
Please note, all credit / debit card payments attract a 0.5% surcharge.	

About this form
<p>A Food Business advisory inspection can be requested by completing the relevant sections of this form and paying the Food Advisory Inspection Fee at Council.</p> <p>This form can be completed to request an inspection, prior to sale or purchase of a business, prior to occupation, or for the purpose of a fit-out consultation.</p> <p>Note: A new food business must submit a Food Business Owner Details Form to Council's Environmental Health Team and obtain a registration number prior to submitting this form.</p> <p>How to complete this form</p> <ol style="list-style-type: none"> 1: Complete Part 1 and Part 10 only. 2: Please note that fields on this form marked with an * are mandatory and must be completed by the applicant before submitting the application. 3: This form is to be submitted along with payment of the food advisory inspection fee.

Part 1: Property details* (mandatory fields)

Prior to sale/purchase inspection	Prior to occupation	Fit out consultation	Other
Food business trading name			
DA number (if applicable)		Council Registration number	
Property address		Street name	
Suburb		Postcode	

Part 2: Fees

Inspection fee	\$284
Select if applicable	
Urgency fee: 2 work days	296
Urgency fee: 3-10 work days	\$136

Part 3: Floors, walls and ceilings

Are the floor areas in the food preparation and storage areas smooth, impervious and easy to clean?	Yes	No	N/A
Is the floor coved at the intersection of the floors and walls?	Yes	No	N/A
Are there drainage points in the floor?	Yes	No	N/A
Is the cool room floor smooth, impervious and easy to clean material?	Yes	No	N/A
Are all wall openings for pipes vermin proof?	Yes	No	N/A
Are the ceilings of solid construction and smooth & impervious & easy to clean material free of gaps? (NOTE: drop in panels are not acceptable in food preparation areas)	Yes	No	N/A
Comments			

Part 4: Fixtures, fittings and equipment

Is there warm running water?	Yes	No	N/A
Are soap and paper towel dispensers located adjacent to hand wash basins?	Yes	No	N/A
Are the hand wash basins within 5m travel distance of food preparation and service areas?	Yes	No	N/A
Is there a double bowl sink or single bowl sink with dishwasher installed?	Yes	No	N/A
Is there a dedicated food preparation sink?	Yes	No	N/A
Is there a cleaner's sink?	Yes	No	N/A
Are all fridges/freezers and holding equipment commissioned and operational?	Yes	No	N/A
Is a working thermometer available at the premises?	Yes	No	N/A
Are the premises pest proofed, including external doors and windows?	Yes	No	N/A
Has fixtures and fittings been installed appropriately either on a plinth, moveable on wheels, or appropriately designed legs?	Yes	No	N/A
Are hand wash basins available for use in:	Yes	No	N/A
• Areas where opens food is handled?	Yes	No	N/A
• In utensil / equipment washing areas?	Yes	No	N/A
• In toilet cubicles or immediately adjacent to toilet cubicle?	Yes	No	N/A
Do the hand wash basins have hands free taps?	Yes	No	N/A
Comments			

Part 5: Staff belongings and storage

Are there separate areas for chemical storage, such as a dedicated room or separate enclosed cupboard located away from food preparation areas?	Yes	No	N/A
Are separate storage facilities provided for employee's clothing and personal belongings?	Yes	No	N/A
Comments			

Part 6: Waste storage

Do you have a waste storage area?	Yes	No	N/A
Is there a water supply, hose and floor waste?	Yes	No	N/A
Is the waste room finished with smooth impervious materials?	Yes	No	N/A
Is the waste room ventilated?	Yes	No	N/A
Is a grease trap installed?	Yes	No	N/A
Are waste bins provided and a contract in place for waste collection?	Yes	No	N/A
Comments			

Part 7: Mechanical ventilation

Has the mechanical ventilation been certified as being installed in compliance with the BCA and AS 1668.1 & AS 1668.2 and any specific DA conditions?	Yes	No	N/A
Does the exhaust hood cover the equipment to be ventilated?	Yes	No	N/A
Comments			

Part 8: Cleaning

Has all building material been removed from the premises?	Yes	No	N/A
Has the premises been cleaned so that it is ready for trade?	Yes	No	N/A
Comments			

Part 9: Ensure the following are operational at the time of the final inspection

Is there warm 'running water'?	Yes	No	N/A
Are all the fridges and holding equipment commissioned and operational?	Yes	No	N/A
Are soap and paper towel dispensers located adjacent to hand wash basins?	Yes	No	N/A
Comments			

Part 10: Applicant declaration* (mandatory fields)

I declare that the information provided on this form is accurate, complete and correct. I understand that this is an application and approval to operate is not guaranteed.			
Name			
Position			
Signature			
Date		Contact Phone Number	

Part 11: Council use

Does the layout conform to approved plans?	Yes	No	N/A
Have you reviewed all DA conditions to ensure all health related conditions have been addressed?	Yes	No	N/A

Officer Name	
Position	
Signature	
Date	