



Food Act 2008 (WA)

NOTIFICATION / APPLICATION FOR REGISTRATION OF A FOOD BUSINESS

PROPRIETOR/BUSINESS DETAILS					
Proprietor Name:					
Postal Address:					
ABN:					
Phone:		Mobile:		Fax:	
Email:					
Primary language spoken:		Number of equivalent full time staff:			

PREMISES DETAILS					
<i>(if food vehicle/temporary food business please provide details of where the vehicle is garaged)</i>					
Trading Name:					
Address of Premises:					
Phone:		Mobile:		Fax:	
Email:					
Name of person in charge and title: (if different from proprietor)					
Details of food vehicle: (make, model, registration plate)					
Details of any associated premises:					



DESCRIPTION OF USE OF PREMISES

Please tick **all** boxes that apply (there may be more than one)

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer/processor | <input type="checkbox"/> Hotel/motel/guesthouse |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Pub/tavern |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Canteen/kitchen |
| <input type="checkbox"/> Distributor/importer | <input type="checkbox"/> Hospital/nursing home |
| <input type="checkbox"/> Packer | <input type="checkbox"/> Childcare centre |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Home delivery |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Temporary food premises |
| <input type="checkbox"/> Restaurant/café | <input type="checkbox"/> Mobile food operator |
| <input type="checkbox"/> Snack bar/takeaway | <input type="checkbox"/> Market stall |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Meals-on-wheels | <input type="checkbox"/> Other _____ |

PLEASE PROVIDE MORE DETAILS ABOUT YOUR TYPE OF BUSINESS

(For example: butcher, bakery, seafood processor, soft drink manufacturer, milk vendor, service station. If business is a catering business, please provide maximum patrons estimate)

DO YOU PROVIDE, PRODUCE OR MANUFACTURE ANY OF THE FOLLOWING FOODS?

Please tick **all** boxes that apply:

- | | |
|--|---|
| <input type="checkbox"/> Prepared, ready to eat ¹ table meals | <input type="checkbox"/> Confectionary |
| <input type="checkbox"/> Frozen meals | <input type="checkbox"/> Infant or baby foods |
| <input type="checkbox"/> Raw meat, poultry or seafood (i.e. oysters) | <input type="checkbox"/> Bread, pastries or cakes |
| <input type="checkbox"/> Processed meat, poultry or seafood | <input type="checkbox"/> Egg or egg products |
| <input type="checkbox"/> Fermented meat products | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Meat pies, sausage rolls or hot dogs | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Soft drinks/juices/beverages | |
| <input type="checkbox"/> Raw fruit and vegetables | |
| <input type="checkbox"/> Processed fruit and vegetables | |

NATURE OF FOOD BUSINESS

	Yes	No
Are you a small business ² ?		
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?		
Do you process the food that you produce or provide before sale or distribution?		
Do you directly supply or manufacturer food for organisations that cater to vulnerable persons ³ ?		



To be answered by manufacturing/processing businesses only:	Yes	No
Do you manufacture or produce products that are not shelf stable?		
Do you manufacture or produce fermented meat products such as salami?		

To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):		
Do you sell ready-to-eat food at a different location from where it is prepared?		

¹ 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

² Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector

³ Standard 3.3.1 *Australia New Zealand Food Standards Code*

HOURS OF OPERATION:			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

RECALL/EMERGENCY CONTACT:			
First name			
Last name			
Phone		A/H:	Fax:
Email			

DECLARATION:

I, _____ the person completing this notification / application for registration declare that all details provided are true and correct in every particular.

Signature of Applicant

_____/_____/_____
Date

Position of Applicant

In the case of a company, the signing officer must state position in the company



OFFICE USE ONLY - CHARGES

G/L: 113730.14

Charges (to be paid for on application):

Notification Fee/Registration Fee = \$50.00

Registered Premises Annual Fee (includes inspection) = \$55.00

Date of Payment: _____

Completed by (Officer): _____