

Food Business Notification/Registration Form

Food Act 2008



FOOD BUSINESS PROPRIETOR'S DETAILS

Proprietor's name:		
Postal address:		
ABN:		
Home phone:	Mobile:	Fax:
Email:		
Primary language spoken:	Number of equivalent full time staff:	

FOOD PREMISES DETAILS (if food vehicle, provide details of where food vehicle is garaged; if temporary stall, provide details of residential address)

Trading name:	
Address of premises:	
Work phone:	Fax:
Email:	
Name of person in charge of the food business and title (eg. manager):	
Details of the food vehicle - make, model, registration plate (if applicable):	
Details of any associated premises:	

Description of use of the premises

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

- | | |
|--|---|
| <input type="checkbox"/> Manufacturer/ processor
<input type="checkbox"/> Retailer
<input type="checkbox"/> Food service
<input type="checkbox"/> Distributor/ importer
<input type="checkbox"/> Packer
<input type="checkbox"/> Storage
<input type="checkbox"/> Transport
<input type="checkbox"/> Restaurant/ café | <input type="checkbox"/> Hotel/ motel/ guesthouse
<input type="checkbox"/> Pub/ tavern
<input type="checkbox"/> Canteen/ kitchen
<input type="checkbox"/> Hospital/ nursing home
<input type="checkbox"/> Childcare centre
<input type="checkbox"/> Home delivery
<input type="checkbox"/> Temporary stall/ market stall
<input type="checkbox"/> Mobile food operator (vehicle) |
|--|---|

- | | |
|--|---|
| <input type="checkbox"/> Snack bar | <input type="checkbox"/> Residential premises |
| <input type="checkbox"/> Takeaway | <input type="checkbox"/> Charitable/ community organisation |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Meals-on-wheels | _____ |

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"/> Prepared salads	
<input type="checkbox"/> Frozen meals	<input type="checkbox"/> Confectionary	
<input type="checkbox"/> Raw meat, poultry or seafood	<input type="checkbox"/> Infant or baby foods	
<input type="checkbox"/> Processed meat, poultry or seafood	<input type="checkbox"/> Bread, pastries or cakes	
<input type="checkbox"/> Fermented meat products	<input type="checkbox"/> Egg or egg products	
<input type="checkbox"/> Meat pies, sausage rolls or hot dogs	<input type="checkbox"/> Dairy products	
<input type="checkbox"/> Sandwiches or rolls	<input type="checkbox"/> Processed fruit and vegetables	
<input type="checkbox"/> Soft drinks/juices	<input type="checkbox"/> Raw fruit and vegetables	
<input type="checkbox"/> Other (specify):		
Nature of food business	YES	NO
Are you a small business?		
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?		
To be answered by manufacturing/ processing businesses only:		
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?		
WATER – is your water supply scheme OR other. If other, describe treatment process -		

Administration

FEE: - \$74.00 to be submitted with the application. For credit card payment a customer service officer will contact you for your card details.

Declaration:

I, the person making this application declare that:

- the information contained in this application is true and correct in every particular;
- any relevant additional information is enclosed with this application.
- I have attached a scaled floor plan to the application detailing the location of all fixtures and fittings and the nature of the surfaces including the walls, floor and ceiling.

Signature of applicant: _____

Date: _____

On receipt of your completed form, the Shire's Environmental Health Officer will assess the application to determine the level of risk associated with the proposed food handling activities.

On determination of the level of risk, there may be a fee applied for annual inspections of the food business, this will be sent to you and once payment has been received the Food Business Certificate will be provided.\

Should no fee be applicable, the Food Business Certificate will be posted directly to you.

For more information please contact the Shire's Environmental Health services on 9780 4205 or via email on eho@donnybrook.wa.gov.au.

