

Food Act 2008

Notification/registration form



August 2024

Environmental Health

Health premise number _____

Proprietor/business details

Proprietor name	
Postal address	
ABN	
Phone	
Alternative phone	
Email	
Primary language spoken	
Number of fulltime staff	

Premises details

(If food vehicle/temporary food business please provide details of where the vehicle is garaged)

Trading name	
Address of premises	
Phone	
Email	

FOOD ACT 2008 NOTIFICATION/REGISTRATION FORM

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 (there may be more than one)*

<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"/>	Raw fruit and vegetables
<input type="checkbox"/>	Soft drinks/juices	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Processed fruit and vegetables		

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

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:		
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?		

² Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector³ Standard 3.3.1 *Australia New Zealand Food Standards Code*

Hours of operation	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Recall contact

Name			
Phone		Alternative phone	
Email			




Declaration

I, the person making this application declare that the information contained in this application is true and correct in every particular

Name			
Signature		Date	

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

Code: WK0087.84**Receipt No:** _____**Date:** _____

 In person (Cash, Cheque, EFTPOS) Customer Service Shire Civic Administration Centre 41 Wallcliffe Road Margaret River	 Telephone (Credit Card only) Please tick <input type="checkbox"/> A Customer Service Officer will contact you.	 Post (Cheque - made payable to Shire of Augusta Margaret River) Shire of Augusta Margaret River PO Box 61 Margaret River WA 6285
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