

Food Act 2008

Notification/registration form



June 2019

Environmental Health

Health premise number _____

Proprietor/business details		
Proprietor name		
Postal address		
ABN		
Phone	A/H	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
Email
Name of person in charge and title (if different from proprietor)
Details of food vehicle (make, model, registration plate)

FOOD ACT 2008 NOTIFICATION/REGISTRATION FORM

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 | |
| <input type="checkbox"/> Raw fruit and vegetables | |
| <input type="checkbox"/> Processed fruit and vegetables | |

Nature of food business (circle yes / no)		
Are you a small business ² ?	yes	no
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?	yes	no
Do you process the food that you produce or provide before sale or distribution?	yes	no
Do you directly supply or manufacturer food for organisations that cater to vulnerable persons ³ ?	yes	no
To be answered by manufacturing/processing businesses only:		
Do you manufacture or produce products that are not shelf stable?	yes	no
Do you manufacture or produce fermented meat products such as salami?	yes	no
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?	yes	no

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 contact			
First name		Last name	
Phone		A/H:	
Email			

Declaration	
I, the person making this application declare that the information contained in this application is true and correct in every particular	
Name	Date
Signature (In the case of a company, the signing officer must state position in the company)	

APPLICATION FEE TO BE PAID ON LODGEMENT Registration / Notification fee: \$117.00			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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