

Food Act 2008 - Notification and Registration Form

Food Business Details

Name of Premise (in full):		
Address of Premise:		
Postal Address (if different from above):		
Phone: Business Hours	A/Hours	Fax
Email:		
Registered Business Name:		
ABN/ACN:		
Postal Address of Head Office (if part of a franchise chain or similar):		
Phone: Business Hours	A/Hours	Fax
Details of food vehicle (make, model, registration plate, if applicable):		
Details of any other associated premises:		
Name of person in charge and title (if different from proprietor):		
Languages spoken: <input type="checkbox"/> English <input type="checkbox"/> Other (specify):		
Number of equivalent full time staff:		

Proprietor details

Name of Proprietor/s (in full):		
Postal Address:		
Proprietors Driving Licence No:	Date of Birth:	
Phone (Home):	(Mobile):	Fax:
Email:		

Lodging your Application:

In Person: City of Wanneroo Administration Centre, 23 Dundobar Road, Wanneroo
 By Mail: Locked Bag 1, Wanneroo WA 6946
 By Fax: 9405 5499

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/B&B |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Pub/Tavern/Licensed Premises |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Canteen/kitchen |
| <input type="checkbox"/> Butcher | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Fruit and Vegetable |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Frozen Food |
| <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"/> Mobile food operator |
| <input type="checkbox"/> Restaurant/café | <input type="checkbox"/> Market stall |
| <input type="checkbox"/> Fast Food Takeaway/Snack bar | <input type="checkbox"/> Temporary food premises |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Meals-on-wheels | <input type="checkbox"/> Other _____ |

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"/> Raw fruit and vegetables |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Processed fruit and vegetables Prepared |
| <input type="checkbox"/> Soft drinks/juices | <input type="checkbox"/> salads |
| <input type="checkbox"/> Other: | |

Please provide a brief description of your food operations/activities

(For example: Bakery – preparing and baking bread, pastries, cakes, pies and sausage rolls. Pies and sausage rolls heated for direct sale. If business is a catering business, please provide maximum patrons estimate)

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?		
If so please provide address of preparation location:		

Hours of operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Food recall contact person:

First name			
Last name			
Phone	A/H:	Fax:	
Email			

Declaration:

I, the person making this application declare that:

- the information contained in this application is true and correct in every particular.

Signature of applicant: _____

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

Date: _____

OFFICE USE ONLY		Food Premise Reference No			
Food Premise Risk Assessment		<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Exempt
Fees Paid (GL: 617821.8999.122)	Amount:	Date:	Receipt No:	Cashiers ID:	

NB: For new premises a \$128.50 application and \$128.50 inspection fee is applicable to all new applications except Exempt Premises

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

³Vulnerable Persons as defined in Standard 3.3.1 *Australia New Zealand Food Standards Code* eg Child Care Centres, Nursing Homes and the like