

Food Business Notification Application for Registration of a Food Business *Food Act 2008*

Please complete this form as required by Part 9 of the *Food Act 2008*. This form is to be completed for ALL Food Businesses, and for a change in proprietor, operation, or business name.

This form is required to ensure that we are aware of your food business, how to contact you and to provide guidance on the food safety risks associated with your business. It will also inform us of the type of food handling, preparation, and storage associated with your food business operation. This will determine your registration fees and conditions. Please use BLOCK letters in black or blue ink.

Proprietor Details

Proprietor Name:		
Postal Address:		
Phone:	A/H:	Fax:
Email:		

Premises Details

Trading Name:
Is this an existing Food Business? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES Previous Trading Name if different: If NO, has an Application for Health Plans Approval form been submitted along with relevant plans? <input type="checkbox"/> YES <input type="checkbox"/> NO
ABN number:
Address of Premises:
Phone:
Name of person in charge and title (if different from proprietor):
Details of Mobile Food Vendor Vehicle (If applicable) Registration Number: _____ Make: _____ Model: _____ Colour: _____ Year of Manufacture: _____

Description of Operation

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

- | | |
|--|---|
| <input type="checkbox"/> Manufacturer/processor* | <input type="checkbox"/> Hotel/Guesthouse/Bed&Breakfast |
| <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 | Other _____ |

*These food premises are considered higher risk sectors and may need a Food Safety Program.

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)

Hours of operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Do you provide, produce or manufacture any of the following foods?

Please tick **all** boxes that apply

- | | |
|--|---|
| <input type="checkbox"/> Prepared, ready to eat 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"/> Processed fruit and vegetables |
| <input type="checkbox"/> Soft drinks/juices | Other _____ |
| <input type="checkbox"/> Raw fruit and vegetables | |

Definitions

Process. The activity to prepare food for sale including chopping, cooking, drying, fermenting, heating, pasteurising, or a combination of these activities.

Ready To Eat. Food that is ordinarily consumed in the same state as that in which it is sold and does not include nuts totally enclosed in the shell or whole fruit and vegetables intended for further processing by the customer.

Shelf Stable. Non-perishable food with a shelf life of many months or years.

Vulnerable Person. A person who is sick, elderly, children, pregnant woman. Typically a nursing home, aged care home, or child care centre. May need a Food Safety Plan.

Declaration:

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

Signature of applicant _____ **Date:** _____

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

Send Form To
PO Box 210
MANDURAH WA 6210

Or hand to City of Mandurah Administration Building at
3 Peel Street, MANDURAH

Fee payable.

OFFICE USE ONLY						
Approved:	YES	NO	Risk:	Low	Medium	High
Notes _____						
EHO _____	Signed _____			Date _____		