

Notification/ Registration Form *Food Act 2008*

Please complete all sections below

(If you are a community organisation complete sections B and C)

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|--|---------------------------------------|------|
| Section "A" – food business proprietor / business details | | |
| Proprietor/owner name (person(s) and/or company): | | |
| Postal address (preferred mailing address): | | |
| ABN: | | |
| Phone: | After hours: | Fax: |
| Email: | | |
| Primary language spoken: | Number of equivalent full time staff: | |

| | |
|--|--|
| Premises details (Note: if food vehicle/temporary food business please provide details of where the vehicle is garaged) | |
| Trading name of business: | |
| Address of premises (where situated): | |
| Phone: | |
| Email: | |
| Name of person in charge and title (if different from proprietor): | |
| If applicable: details of food vehicle (make, model, registration plate): | |
| Details of any associated premises: | |
| Please provide details of where you intend to operate, provide streets/town sites and venues: | |

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| <p>Description of use of premises</p> <p>Please tick all boxes that apply (there may be more than one)</p> |

- | | |
|---|--|
| <input type="checkbox"/> Manufacturer/processor | <input type="checkbox"/> Hotel/motel/guest house |
| <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"/> Butcher |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Bed and breakfast |
| <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 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 (e.g. 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"/> Processes fruit and vegetables |
| <input type="checkbox"/> Soft drinks/juices | <input type="checkbox"/> Other (eg wine) |

| Nature of food business (circle yes / no) | | |
|--|------------|-----------|
| Are you a small business? (employ less than 50 people in the manufacturing sector or less than 10 in the food services sector) | Yes | No |
| Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer? (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 intendeds for further processing by the customer) | Yes | No |
| Do you process the food that you produce or provide before sale or distribution? (process means activity conducted to prepare food for sale including chopping, cooking, drying, fermenting, heating, pasteurising or a combination of these activities.) | Yes | No |
| Do you directly supply or manufacturer food for organisations that cater to the sick, elderly, children under five years of age or pregnant women (such as hospitals, nursing homes and child care centres) | Yes | No |
| To be answered by manufacturing/processing businesses only: | | |
| Do you manufacture or produce products that are not shelf stable? (shelf stable means non-perishable food with a shelf life of many months to years) | 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 |

Raw fruit and vegetables

| Hours of operation: | | | |
|----------------------------|--|-----------------|--|
| Monday | | Friday | |
| Tuesday | | Saturday | |
| Wednesday | | Sunday | |
| Thursday | | Public holidays | |

| Section "B" - Are you a community group/not for profit charity organisation | | | | | |
|---|--------------------------|--------------------------|--|--------------------|--|
| Yes / No (circle appropriate) If yes please fill out details below: | | | | | |
| Name of community organisation: | | | | | |
| Contact person: | | | | | |
| Postal address of organisation: | | | | | |
| Phone number | | Fax number | | After hours number | |
| Email address: | | | | | |
| Please provide details of where you prepare food: | | | | | |
| | | | | | |
| Are you an event organiser yes/no (cross out not applicable) If yes, what events do you organise? | | | | | |
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| Please provide details of foods prepared by the organisation. Tick all appropriate boxes. | | | | | |
| | | | | | |
| Description | <input type="checkbox"/> | Where are foods prepared | How many events per year do you hold or attend | | |
| Cake stalls | <input type="checkbox"/> | | | | |
| Sausage sizzle | <input type="checkbox"/> | | | | |
| Barbeques | <input type="checkbox"/> | | | | |

| | | | |
|--|--|--|--|
| Preserves (jams and pickles) confectionery | | | |
| Fruit and vegetables | | | |
| Sea food | | | |
| Dairy produce | | | |
| Caterer for events | | | |
| Runa canteen/kitchen | | | |
| Other provide details | | | |

Other.....
.....

Do you have a caterer who does your cooking? Yes No (please circle which is applicable)

If **yes**, please provide names and contact numbers:

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Section "C" – To be filled out by all parties

Privacy

All information obtained on this form relating to manufacturing or commercial secrets or confidential processes remains confidential as prescribed by Section 142 of the *Food Act 2008*.

Declaration:

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

Signature of applicant: _____

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

Date _____

How to lodge this Notification / Registration Form

Address the application to:
Chief Executive Officer
Shire of Harvey

You can send it to the Shire of Harvey by any of the following methods:

Post: PO Box 500
HARVEY WA 6220

Fax: (08) 97 292 053

Email: shire@harvey.wa.gov.au

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|----------------------------|--|-------|
| Office use only: | Risk rating score: | |
| | Risk classification: (exempt, low, medium, high) | |
| Officer name and signature | | Date: |