

Notification/Registration Form for Food Business

SECTION 1 - Business Details This person/company will be the licence holder and responsible for compliance with the Food Act 2008.		
Entity Name (person's name):		
Entity ABN/ACN:		
Trading/ Business Name:		
Trading Address (location of food business):		
Trading/ Business Postal Address (as registered with ASIC):		
Contact Person: Telephone/ Mobile:		
Email (Renewals, Food Recalls and Direct Contact)		
Section 2 - Details of the Applicant		
Proprietor/s Name: (as per ABN/ACN)		
Address		
Street name	suburb:	postcode
Phone:		
Email:		
Postal Address:		
SECTION 3- Description of Food Business (please tick all applicable)		
<input type="checkbox"/> Bakery	<input type="checkbox"/> Fruit & Veg	<input type="checkbox"/> Service Station
<input type="checkbox"/> Cafe	<input type="checkbox"/> Ice Creamery	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Canteen	<input type="checkbox"/> Motel / B&B	<input type="checkbox"/> Sushi Bar
<input type="checkbox"/> Caterer	<input type="checkbox"/> Pub/Hotel/Club	<input type="checkbox"/> Takeaway
<input type="checkbox"/> Childcare Centre	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Water Carter
<input type="checkbox"/> Other (please specify):		
SECTION 4 – High Risk Food Preparation		
Will your food business undertake high-risk food preparation that involves the processing of “house-made” dishes/condiments/desserts? (please tick all applicable)		
<input type="checkbox"/> Tiramisu	<input type="checkbox"/> Mousse	<input type="checkbox"/> Deep Fried Ice cream
<input type="checkbox"/> Sushi	<input type="checkbox"/> Pate	<input type="checkbox"/> Hollandaise Sauce
<input type="checkbox"/> Béarnaise Sauce	<input type="checkbox"/> Liver Parfait	<input type="checkbox"/> Raw egg condiments
<input type="checkbox"/> Soft yolk breakfast eggs	<input type="checkbox"/> House-made burger patties	<input type="checkbox"/> Other (specify below)

SECTION 5 - Food Safety Supervisor (FSS)

An FSS may apply to your food business - For information on how to be trained as an FSS go to https://www.health.wa.gov.au/Articles/F_I/Food-Safety-Supervisor-Training-Course

FSS name:

FSS certificate number:

Date of expiry

SECTION 6 – Applicant Declaration

I declare that all information supplied in this application form is true and correct and understand that it is an offence under Section 47 of the Food Act 2008 to supply false or misleading information. I/We hereby permit any duly authorised officer of the Shire of Harvey to enter the premises to inspect as required for the administration of the Act(s) and Regulations.

Applicant signature:

Date:

SECTION 7 – Important Information

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

SECTION 8 – Attach with Application

Floor plan with full layout included

Application to Prepare Food for Sale in a Residential Premises (ONLY if required)

SECTION 8 – Lodgement Details

You may lodge the completed application by

Email: shire@harvey.wa.gov.au or

In-person: Council offices at Uduc Rd, Harvey or Mulgara Street, Australind.

Mail: PO Box 500 Harvey, Western Australia 6220

Once your application is received, a Shire Officer will contact you if further information is required.

Office Use Only

Receipt Number:

Amount \$:

Checked Requirements with Planning and Building