



Food Act 2008

Notification/Registration Form

Please Complete All Sections Below (If you are a Community Organisation complete sections B & C)

Section "A" – Food Business Proprietor / Business details

Proprietor/Owner Name (Person(s) and/or Company):

Postal Address (preferred mailing address):

ABN:

Phone:

A/H:

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:

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/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 & 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"/> Other (eg. wine) |
| <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*? <i>(employ less than 50 people in the manufacturing sector or less than 10 in the food services sector)</i>	Yes	No
Is the food that you provide, produce or manufacture ready-to-eat* when sold to the customer? <i>(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)</i>	Yes	No
Do you process* the food that you produce or provide before sale or distribution? <i>(process means activity conducted to prepare food for sale including chopping, cooking, drying, fermenting, heating, pasteurising or a combination of theses activities.)</i>	Yes	No
Do you directly supply or manufacturer food for organisations that cater to the sick, elderly, children under 5 years of age or pregnant women (such as hospitals, nursing homes and child care centres)	Yes	No
<i>To be answered by manufacturing/processing businesses only:</i>		
Do you manufacture or produce products that are not shelf stable*? <i>(shelf stable means non perishable food with a shelf life of many months to years)</i>	Yes	No
Do you manufacture or produce fermented meat products such as salami?	Yes	No
<i>To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):</i>		
Do you sell ready-to-eat food at a different location from where it is prepared?	Yes	No

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 No		Fax No:		A/H No	
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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:

Please provide details of foods prepared by the organisation tick box next to appropriate may require to tick more than one box

Description	√	Where are foods prepared	How many events per year
Cake stalls			
Sausage sizzle			
Barbeques			
Preserves (Jams & Pickles) confectionery			
Fruit & Vegetables			
Sea Food			
Dairy produce			
Caterer for events			
Run a canteen/kitchen			
Other provide details			

Other.....

Do you have a caterer who does your cooking Yes No (Please circle what is applicable)

If Yes please provide names and contact numbers:

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 us by any of the following methods:

Post: PO Box 500
HARVEY WA 6220

Fax: (08) 97 292 053

Email: shire@harvey.wa.gov.au

OFFICE USE ONLY:	Risk Rating Score:	
	Risk Classification: (Exempt, Low, Medium, High)	
OFFICER NAME AND SIGNATURE		DATE: