

NOTIFICATION/REGISTRATION FORM
Food Act 2008



All sections to be completed

PROPRIETOR DETAILS:			
Proprietor/Entity Name (As per ABN): (This is the name of the business owner(s). Please state person(s) name if sole trader/partnership or full name of company i.e., John Smith or J Smith Pty Ltd. Applications submitted as a trust/trustee will not be accepted)			
ABN Number: (Must match Entity Name)			
Postal Address:			
Suburb:		Post Code:	

CONTACT DETAILS:			
Contact Name:			
Phone: (including A/H)			
Email:			
Primary Language:		Number of Full-time Staff:	

PREMISES DETAILS:			
Business Trading Name: (Actual business name)			
Premises Address (where situated): (If food vehicle/ temporary food business, provide details of where the vehicle is being garaged)			
Phone:			
Email:			
Person in Charge Name: (If different from proprietor)		Title: (i.e., manager)	
Details of Food Vehicle: Vehicle make, model and registration plate if applicable (i.e., you transport food from food business to another location, you are a mobile food business or you trade at events):			
Details of any associated premises: (i.e., any other food businesses you own)			

DESCRIPTION OF USE OF PREMISES: (Please tick all boxes that apply - there may be multiple)

- | | |
|--|---|
| <input type="checkbox"/> Manufacturer/ Processor | <input type="checkbox"/> Hotel/ Motel/ Guesthouse |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Pub/ Tavern |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Canteen/ Kitchen |
| <input type="checkbox"/> Distributer/ 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 (prepare & serve food at different locations) | <input type="checkbox"/> Charitable/ Community Organisation |
| <input type="checkbox"/> Meals-on-Wheels | <input type="checkbox"/> Other (please provide details below) |

Please provide more details about your type of business:

(e.g., bakery, butcher, seafood processor, soft drink manufacturer, milk vendor, service station etc. If a catering business, please provide maximum patrons estimate)

**DO YOU PROVIDE OR MANUFACTURE ANY OF THE FOLLOWING FOODS:
(Please tick all boxes that apply - there may be multiple)**

- | | |
|---|---|
| <input type="checkbox"/> Prepared, ready to eat table meals | <input type="checkbox"/> Soft Drinks/ Juices |
| <input type="checkbox"/> Frozen Meals | <input type="checkbox"/> Confectionary |
| <input type="checkbox"/> Raw Meat, Poultry or Seafood (e.g., oysters) | <input type="checkbox"/> Infant or Baby Foods |
| <input type="checkbox"/> Processed Meat, Poultry or Seafood | <input type="checkbox"/> Bread, Pastries or Cakes |
| <input type="checkbox"/> Fermented Meat Products | <input type="checkbox"/> Egg or Egg Products |
| <input type="checkbox"/> Meat pies, Sausage rolls or Hot dogs | <input type="checkbox"/> Dairy Products |
| <input type="checkbox"/> Sandwiches or Rolls | <input type="checkbox"/> Prepared Salads |
| <input type="checkbox"/> Raw Fruits and Vegetables | <input type="checkbox"/> Other (please provide details above) |
| <input type="checkbox"/> Processed Fruits and Vegetables | |

NATURE OF FOOD BUSINESS: (select Yes or No for each question, do not leave blank)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you a small business? (i.e., employ less than 50 FTEs in the manufacturing sector or less than 10 FTEs in the food service sector) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is the food that you provide, produce or manufacture ready-to-eat when sold to the customers? (i.e., food that is ordinarily consumed in the same state as that in which it is sold and does not include nuts enclosed in the shell or whole fruit and vegetable intended for further processing by the customer) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you directly supply or manufacture food for organisations that cater to the sick, elderly, children under 5 years of age or pregnant women? (such as hospitals, nursing homes and childcare centres) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

MANUFACTURING/ PROCESSING BUSINESS ONLY:**Note: If you have answered YES to Question 3 - please answer all questions below**

5. 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 <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you manufacture or produce fermented meat products such as salami?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FOOD SERVICE AND RETAIL BUSINESSES ONLY:**Including charitable/ community organisations, market stalls and temporary food premises**

7. Do you sell ready-to-eat food at a different location from where it is prepared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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HOURS OF OPERATION: (Days and times)

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PRIVACY:

All information obtained on this form relating to manufacturing, 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.

Signature: _____

Date: _____

In the case of a company, the signing officer must state their position in the company (e.g., Director)

OFFICE USE ONLY:

Risk Rating Score:		Risk Classification:	
Officer Signature:		Date:	

How to lodge this form:Email: info@bunbury.wa.gov.au

Post: PO Box 21, BUNBURY WA 6231

In person: 4 Stephen Street, Bunbury