

# Food Business Notification and Registration Form



Food Act 2008

File# \_\_\_\_\_  
ICR \_\_\_\_\_

Please tick if updating details only (change of ownership requires new notification)

**Contact Details:**

Name of Proprietor/s (in full) \_\_\_\_\_

Business Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Food Premises Details:**

Name of Food Business (in Full) \_\_\_\_\_

Main Address of Premises: \_\_\_\_\_

*\* For itinerant mobile food businesses please provide details of where the vehicle is garaged. If you are located outside of the Shire, then a copy of your local authority's registration certificate must also be supplied.*

Is your premises within a residential property?  Yes  No

*\* Some residential kitchens are not suitable for the preparation of potentially hazardous foods. An EHO will assess the information provided herein to determine if your proposed business is suitable. You may also require planning approval.*

ABN/ACN: \_\_\_\_\_

Are you a charitable or not-for-profit organisation?  Yes  No

Details of organisation: \_\_\_\_\_

**Hours of Operation: (Main Business Location)**

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

**Food Business Information:**

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"/> Processed fruit and vegetables, prepared salads |
| <input type="checkbox"/> Frozen meals                                | <input type="checkbox"/> Confectionary                                   |
| <input type="checkbox"/> Raw meat, poultry or seafood (i.e. oysters) | <input type="checkbox"/> Infant or baby foods                            |
| <input type="checkbox"/> Processed meat products                     | <input type="checkbox"/> Bread, pastries or cake                         |
| <input type="checkbox"/> Fermented meat products                     | <input type="checkbox"/> Egg or egg products                             |
| <input type="checkbox"/> Meat pies, sausage rolls or hotdogs         | <input type="checkbox"/> Dairy products                                  |
| <input type="checkbox"/> Sandwiches or rolls                         | <input type="checkbox"/> Other: _____                                    |
| <input type="checkbox"/> Soft drink/juices                           | _____  |
| <input type="checkbox"/> Raw fruit and vegetables                    |  |

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## Business Type:

Please tick that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Manufacturer/processor       | <input type="checkbox"/> Hotel/Motel/Guesthouse/B&B           |
| <input type="checkbox"/> Retailer                     | <input type="checkbox"/> Pub/Tavern/Licensed Premises         |
| <input type="checkbox"/> Supermarket                  | <input type="checkbox"/> Canteen/Kitchen                      |
| <input type="checkbox"/> Butcher                      | <input type="checkbox"/> Bakery                               |
| <input type="checkbox"/> Delicatessen                 | <input type="checkbox"/> Fruit and Vegetable                  |
| <input type="checkbox"/> Food Service                 | <input type="checkbox"/> Frozen Food                          |
| <input type="checkbox"/> Distributor/Importer         | <input type="checkbox"/> Hospital/Nursing Home                |
| <input type="checkbox"/> Packer                       | <input type="checkbox"/> Childcare No. of children _____      |
| <input type="checkbox"/> Storage                      | <input type="checkbox"/> Home Delivery                        |
| <input type="checkbox"/> Transport                    | <input type="checkbox"/> Mobile Food Operator                 |
| <input type="checkbox"/> Restaurant/Café              | <input type="checkbox"/> Market Stall                         |
| <input type="checkbox"/> Fast Food/Takeaway/Snack bar | <input type="checkbox"/> Temporary Food Premises              |
| <input type="checkbox"/> Caterer                      | <input type="checkbox"/> Charitable or Community Organisation |
| <input type="checkbox"/> Meal on Wheels               | <input type="checkbox"/> Other _____                          |

## Please provide a brief description of your food business operations/activities:

(for example: Bakery – preparing and baking bread, pastries, cakes, pies and sausage rolls. Pies and sausage rolls heated for direct sale)

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## Additional Information Required for New Premises:

All Food Businesses:

- Design and Fit-out specifications of the premises
- Floor Plan, including layout, elevations, equipment specifications and finishings; and
- Sample Menu

Manufacturing Food Businesses:

- Copies of food labels

Food Premises registered with alternate Local Authority

- Copy of Food Act 2008 Registration

## Fees:

Notification fees may apply, the Manager Regulatory Services will advise what fees are payable if any upon application.

## Declaration:

I, \_\_\_\_\_ the person making this application, declare that:  
The information contained in this application is true and correct in every particular.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please allow up to 14 days for application to be processed\*