

NOTIFICATION/REGISTRATION OF A FOOD BUSINESS

Environmental Health Services

Food Act 2008

APPLICANT DETAILS

Name of proprietor(s):

Postal address:

Phone:

Fax:

Mobile:

Email:

Primary language spoken:

No. of equivalent full time staff:

FOOD BUSINESS DETAILS

Trading name:

ABN:

Premises address:

Phone:

Fax:

Mobile:

Email:

Name of person in charge and title (if different from proprietor):

Details of food vehicle (make, model, registration plate):

Details of any associated premises:

DESCRIPTION OF USE OF PREMISES

Please tick (✓) **all** boxes that apply (there may be more than one).

- | | | |
|--|---|---|
| <input type="checkbox"/> Primary production | <input type="checkbox"/> Restaurant/café | <input type="checkbox"/> Family day care |
| <input type="checkbox"/> Manufacturer/processor | <input type="checkbox"/> Snack bar/takeaway | <input type="checkbox"/> Home delivery |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Caterer | <input type="checkbox"/> Temporary food premises |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Hotel/motel/guesthouse | <input type="checkbox"/> Mobile food operator |
| <input type="checkbox"/> Distributor/importer/wholesaler | <input type="checkbox"/> Pub/tavern | <input type="checkbox"/> Market stall |
| <input type="checkbox"/> Packer | <input type="checkbox"/> Canteen/kitchen | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Hospital/nursing home | <input type="checkbox"/> Meals-on-wheels |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Childcare centre | <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 ¹ table meals | <input type="checkbox"/> Processed fruit and vegetables |
| <input type="checkbox"/> Frozen meals | <input type="checkbox"/> Confectionery |
| <input type="checkbox"/> Raw meat, poultry or seafood (i.e. 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"/> Soft drinks/juices | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Raw fruit and vegetables (uncut) | |

¹ 'Ready-to-eat' means food that is ordinarily consumed in the same state as in which it is sold.

NATURE OF FOOD BUSINESS

To be answered by all businesses:	Yes	No
Are you a small business ² ?		
Is the food that you provide, produce or manufacture ready-to-eat ¹ when sold to the customer?		
Do you process the food that you produce or provide before sale or distribution?		
Do you directly supply or manufacture food for organisations that cater to vulnerable persons ³ ?		
To be answered by manufacturing/processing businesses only:	Yes	No
Do you manufacture or produce products that are not shelf stable?		
Do you manufacture or produce fermented meat products such as salami?		
To be answered by food service and retail business only (including charitable and community organisations, market stalls and temporary food premises):	Yes	No
Do you sell ready-to-eat ¹ food at a different location from where it is prepared?		

HOURS OF OPERATION

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		Public holidays	

RECALL CONTACT

First name:		
Last name:		
Phone:	Fax:	Mobile:
Email:		

Declaration

I, the person making this application declare that:

- the information contained in this application is true and correct in every particular; and
- the prescribed fee is enclosed with this application.




Signature of applicant

Date

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

The information gathered in this form will be used for purposes related to the administration of the *Food Act 2008* (WA). In accordance with regulation 51 of the Food Regulations 2009 (WA), certain details (proprietor name, trading name and address details) may be made publicly available.

Once this application has been completed, please return it to the City via any of the below methods.

- | | | | |
|---|--|---|--|
|  Email | Scan and email to enquiries@karratha.wa.gov.au |  Fax | Fax to 08 9185 1626 |
|  Mail | City of Karratha
PO Box 219
KARRATHA WA 6714 |  In person | Visit the Administration Office at
Welcome Road
KARRATHA WA 6714 |

² Is a business that employs less than 50 people in the 'manufacturing' sector or less than 10 people in the 'food services' sector.

³ Standard 3.3.1 Australia New Zealand Food Standards Code.

OFFICE USE ONLY

Payment received: _____ Payment: \$ _____
Record #: _____ Premises code: _____