

Food Act 2008 Notification/Registration Form



Proprietor/Business details

Food Application Number		
Proprietor Name:		
(full name in block letters or if company state full company name)		
Postal Address:		
(company or business postal address)		
ABN and/or ACN :		
Telephone:	A/H:	Fax:
Email:		
Primary language spoken:	Number of equivalent full time staff:	

Premises details *(If food vehicle provide details of where the vehicle is garaged, or if temporary food business, details of where business is to be operated from)*

Trading Name:
Address of Premises: (location of food business)
Telephone:
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:

Please provide 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)

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/guesthouse |
| <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"/> Market stall |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Meals-on-wheels | <input type="checkbox"/> Other _____ |

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 (i.e. oysters) | <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"/> Raw egg products |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Soft drinks/juices | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Raw fruit and vegetables | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Processed fruit and vegetables | |

Nature of food business	Yes	No
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer? ¹		
Are you a small business ²		
Do you process the food that you produce or provide before sale or distribution? (eg chopping, cooking, drying, heating, etc)		
Do you directly supply or manufacturer food for organisations that cater to vulnerable persons ³ ?		

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

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 - Organisations that cater to the sick, elderly, children under 5 years of age or pregnant women (hospitals, nursing homes or child care centres).

To be answered by manufacturing/processing businesses only:	Yes	No
Do you manufacture or produce products that are not shelf stable? (perishable food)		
Do you manufacture or produce fermented meat products such as salami?		
To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):		
Do you sell ready-to-eat food at a different location from where it is prepared?		

Hours of operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Food business contact details in event of supplier recall

Full Name			
Phone		A/H:	Fax:
Email			

Declaration:

I, the person making this application declare that:

- the information contained in this application is true and correct in every particular,
- the prescribed fee of **\$140 for Registration of Food Business**,
or \$50 for Food Notification is enclosed with this application.

Please attach copy of Certificate of the Registration of a Business Name with this application.

Signature of applicant:

Position held:

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

Date: _____

OFFICE USE ONLY			
FA FEE	\$	Receipt No	
Accepting Officer		Date Received	
EHO Approved		Risk Assessment	Low Medium High