

WESTERN AUSTRALIAN MEAT INDUSTRY AUTHORITY

**Application for approval to operate/construct an abattoir
Application particulars and supporting information**

Instructions to applicants

Your application to operate/construct an abattoir must consist of the following:

Form number 1 application to operate an abattoir Or
Form number 3 application to construct an abattoir

And

Application particulars and supporting documentation.

It is essential that all requested supporting documentation is supplied and that all relevant questions in this application are fully completed.

Use of abbreviations such as n/a is not acceptable and may result in the rejection of your application.

Please note that submission of this application does not constitute approval to operate. The granting of approval to operate is at the discretion of the Authority and may only be granted by written direction of the Authority.

Should you require any assistance with this application please contact the Authority on 09 2747533 or fax 09 2747588

I _____ declare on behalf of

that all details provided of this application and any attachments submitted are true and correct, and no relevant information is omitted.

SIGNED: _____

POSITION: _____ DATE: _____

WESTERN AUSTRALIAN MEAT INDUSTRY AUTHORITY

Applicant details (do not complete if applying as a company go to 2)

Applicants Name	
-----------------	--

Applicant's Postal address	
----------------------------	--

Applicant's Phone No	
Applicant's Fax No	
Applicant's E mail	
Applicant's webb site	

Applicants ABN No	
-------------------	--

Applicant's residential address	
---------------------------------	--

Applicant's residential Phone no	
Applicant's residential Fax no	

Have you been convicted or charged with any offences under the Western Australian Meat Industry Authority Act 1976, the Health Act, or any offence that involved fraud or misrepresentation charges?	Please set out details below or attach:
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

Have you personally or been involved with a company that has been placed under receivership or official management or in liquidation?	Please set out details below or attach:
---------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

Do you intend to trade under a registered trading name?	No (please circle) Yes please set out details below or attach:
---------------------------------------------------------	------------------------------------------------------------------------------------------

Application must be accompanied by current documents certifying registered trading name details

WESTERN AUSTRALIAN MEAT INDUSTRY AUTHORITY

2. Company Details (If Applicable)

Company Name	
--------------	--

ACN No	
ABN No	

Date of Formation	
-------------------	--

Registered Trading name	
-------------------------	--

Postal address	
----------------	--

Applicant's Phone No	
Applicant's Fax No	
Applicant's E mail	
Applicant's webb site	

Applicant's Principal Business address	
----------------------------------------	--

Applicant's Business Phone no	
Applicant's Business Fax no	

Has the above company been convicted or charged with any offences under the Western Australian Meat Industry Authority Act 1976, the Health Act, or any offence that involved fraud or misrepresentation charges?	Please set out details below or attach:
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

Application must be accompanied by current Australian Security Commission documents certifying company and or registered trading name details

WESTERN AUSTRALIAN MEAT INDUSTRY AUTHORITY

3. Director Details (If Applicable)

Director Name	
---------------	--

Director Address	
------------------	--

Director Name	
---------------	--

Director Address	
------------------	--

Director Name	
---------------	--

Director Address	
------------------	--

Director Name	
---------------	--

Director Address	
------------------	--

Have any of the above directors been convicted or charged with any offences under the Western Australian Meat Industry Authority Act 1976, the Health Act, or any offence that involved fraud or misrepresentation charges?	Please set out details below or attach:
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

Have any of the directors been involved with a company that has been placed under receivership or official management or in liquidation?	Please set out details below or attach:
------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

Application must be accompanied by Australian Security Commission documents certifying details of directors.

WESTERN AUSTRALIAN MEAT INDUSTRY AUTHORITY

4. Abattoir Management Details

Proposed Manager's Name	
Manager's Address	
Manager's Phone no	
Manager's Experience in the Meat Industry?	Please set out details below or attach:
Manager's Qualifications in the Meat Industry? eg AUS.MEAT qualifications HACCP Training Meat Inspection Training Diploma in Meat management	Please set out details below or attach:
Please provide contact details for three referees who can substantiate the above.	Please set out details below or attach:
Has the proposed Manager ever been convicted or charged with any offences under the Western Australian Meat Industry Authority Act 1976, the Health Act, or any offence that involved fraud or misrepresentation charges?	Please set out details below or attach:
Has the proposed manager ever been involved with a company that has been placed under receivership or official management or in liquidation?	Please set out details below or attach:

WESTERN AUSTRALIAN MEAT INDUSTRY AUTHORITY

5. Abattoir Details

Abattoir location	
-------------------	--

Abattoir phone no . Abattoir Fax no. Abattoir E mail Abattoir webb site	

Postal address if different from company address	
--------------------------------------------------	--

Please provide details explaining how the company will comply with the Authority requirement for two supervisors to have completed HACCP Training	Please set out details below or attach:
---------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

Do you or your company own the abattoir?	Yes (please circle) No Please provide details of owner and lease arrangements
------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

If leased this application must be accompanied by a copy of the lease agreement, details of financial arrangements may be omitted.

If not owned or leased the application must be supported by a statement signed by both parties detailing conditions of occupancy.

Will any form of sub contracting be used to operate the abattoir?	Yes (please circle) No Please provide details of arrangements
-------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------

If any subcontracting arrangement exists this application must be accompanied by a statement or copy of a signed contract outlining the responsibilities of all parties.

WESTERN AUSTRALIAN MEAT INDUSTRY AUTHORITY

6. Miscellaneous Information

Do you or your company own or are you or your company involved in the management of any other meat processing establishments ie. abattoirs, boning rooms etc.	No (please circle) Yes Please provide details of establishments
---------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------

Please provide details of arrangements made with the relevant Meat Inspection Service regarding your intention to operate the abattoir	Contact details & name of person advised:
----------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Please provide details of outstanding work orders on the abattoir and your proposed timetable to rectify the matters raised in the work order
-----------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

Please provide a short summary of your understanding your responsibilities under the Western Australian Meat Industry Authority Act and regulations 1976:
-----------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------

This application must be accompanied by a completed Record of Compliance detailing procedures in place to ensure compliance the Authority conditions of licence.

Please provide details of arrangements made with the Department of Primary Industry and Energy Levies collection unit regarding your intention to operate the abattoir.	Contact details & name of person advised:
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

If you intend the abattoir to be AUS.MEAT accredited or export registered lease provide details of arrangements made with the AUS.MEAT regarding your intention to operate the abattoir	Contact details & name of person advised:
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

--	--

