

Food Business Registration Application

(HealthFB005)



Notification of Food Business
 Change of Registration
 Transfer of Owner

| Contact Details | | | |
|---|-------|---------------|--|
| Trading name of business | | | |
| Name of proprietor | | | |
| ABN/ ACN | | | |
| Postal Address of proprietor | | | |
| Number of equivalent full time staff | | | |
| Contact Details | Phone | Mobile Phone | |
| | Fax | Email Address | |
| Premise Details | | | |
| Address of premises where food is to be prepared | | | |
| Name of person in charge and title (<i>if different from proprietor</i>) | | | |
| Are you a mobile vendor (e.g. Ice cream van) or do you vend permanently stationed at one site (e.g after hours takeaway van) | | | |
| <input type="checkbox"/> Permanently stationed vendor | | | |
| <input type="checkbox"/> Mobile Vendor Registration number of the vehicle _____ | | | |
| For Mobile vendors please provide the address at which the vehicle is normally garaged or housed | | | |
| _____ | | | |
| For Permanently stationed vendors please provide the address of the site | | | |
| _____ | | | |
| Where do you intend to dispose of waste water? | | | |
| _____ | | | |

| | | | |
|---|--|---|--|
| Details if these premises are being used by any other food business | | | |
| Details if food produced onsite are transported off site for sale elsewhere | | | |
| Nature of Business Information | | | |
| What is your business type? Please tick all that apply to your business | | | |
| Manufacturer/processor <input type="checkbox"/> | Meals on Wheels <input type="checkbox"/> | Tour Company <input type="checkbox"/> | Market Stall <input type="checkbox"/> |
| Retailer <input type="checkbox"/> | Transport <input type="checkbox"/> | Hotel/motel/guest house guest house <input type="checkbox"/> | Childcare Centre <input type="checkbox"/> |
| Distributor/Importer <input type="checkbox"/> | Restaurant/café <input type="checkbox"/> | Pub/Tavern <input type="checkbox"/> | Home Delivery <input type="checkbox"/> |
| Packer <input type="checkbox"/> | Snack bar/ Takeaway <input type="checkbox"/> | Canteen <input type="checkbox"/> | Mobile Food Operator <input type="checkbox"/> |
| Storage <input type="checkbox"/> | Caterer/Provides catering <input type="checkbox"/> | Charitable or Community Organisation <input type="checkbox"/> | Home Occupation <input type="checkbox"/> |
| Charter Boat <input type="checkbox"/> | Boat Name _____ Licence No _____ Moored Peak _____ Off Peak _____ | | |
| Other <input type="checkbox"/> Please specify _____ | | | |

| | | |
|---|-----|----|
| Nature of Food Activities | | |
| Are you a small business? (<i>a business that employs less than 50 people in the 'manufacturing' sector or which employs less than 10 people in the 'food services' sector</i>) | Yes | No |
| Do you directly supply or manufacture food for organisation that cater to the sick, elderly, children under 5 years of age of pregnant women (such as hospitals, nursing homes or child care centres) | Yes | No |
| This question to be answered by all businesses | | |
| Do you have a Liquor Licence for the premise? | Yes | No |
| Please read carefully and circle yes or no | | |
| Purchasing & receiving | | |
| Do you buy food from other businesses? | Yes | No |
| Do you buy food from other businesses and transport it to your premises? | Yes | No |
| Do you buy food from other businesses and have it delivered to your premises? | Yes | No |
| Storage | | |
| Do you store dry food? | Yes | No |
| Do you store cold food? | Yes | No |
| Do you store frozen food? | Yes | No |
| Do you thaw frozen food? | Yes | No |

| | | |
|--|-----|----|
| Preparation | | |
| Do you prepare food? | Yes | No |
| Do you prepare food and store it to be used later that day or on another day? | Yes | No |
| Do you prepare food that is transported somewhere else for sale or consumption? | Yes | No |
| Cooking | | |
| Do you cook food? | Yes | No |
| Do you cook food and hold it under hot storage? for example, warming in a pot on a stove, store it in insulated containers. | Yes | No |
| Cooling | | |
| Do you cook food, cool it, and store it to be used later that day or on another day? | Yes | No |
| Reheating | | |
| Do you reheat food that has already been cooked? | Yes | No |
| If you reheat food, is it held under hot storage? for example, in a bain marie or pie warmer | Yes | No |
| Display and serving | | |
| Do you display food? | Yes | No |
| Is the food pre- wrapped | Yes | No |
| Do you serve food? | Yes | No |
| Are customers able to help themselves? | Yes | No |
| Food packaging | | |
| Do you wrap or package food for customers to take away? E.g. takeaway or home delivery, wrapping deli products | Yes | No |
| Do you wrap, package, or repackage food within your business? For example, slice a leg of ham, repackage, and store in cool-room to use later? | Yes | No |
| Transportation | | |
| Do you transport or deliver food to your customers? | Yes | No |
| Residential | | |
| Do you intend to prepare or process food from a residential area | Yes | No |
| If YES please provide additional details below | | |
| Specific foods | | |
| Do you prepare food from rotating spits? for example, kebabs | Yes | No |
| Do you prepare sushi? for example, nori rolls and/or nigiri pieces | Yes | No |
| Do you receive sushi? for example, nori rolls and/or nigiri pieces | Yes | No |
| Do you display sushi? for example, nori rolls and/or nigiri pieces | Yes | No |

| | | |
|---|-----|----|
| Do you prepare and sell chinese style roast duck? | Yes | No |
| Do you prepare and sell Chinese style chicken? | Yes | No |
| Do you prepare and sell Chinese style roast/BBQ pork? | Yes | No |
| Do you manufacture/prepare dairy products? | Yes | No |
| To be answered by all manufacturing/processing businesses only | | |
| Do you manufacture or produce products that ar not shelf stable? | Yes | No |
| Do you manufacture or produce fermented meat products such as salami? | Yes | No |
| To be answered by food service and retail business only: (includes charitable and community organisations, market stalls and temporary food premises | | |
| Do you sell ready-to-eat food at a different location form where it is prepared? | Yes | No |
| Food Handling | | |
| Have you previously worked in the food industry? | Yes | No |
| Do you have any food handling qualifications? If YES please detail | Yes | No |

| Hours of Operation | | | |
|--------------------|--|----------|--|
| Monday | | Friday | |
| Tuesday | | Saturday | |
| Wednesday | | Sunday | |
| Thursday | | | |

| New Premises Only OR Any Alteration to the Existing Premises | |
|--|-------------------------------------|
| Please include the following plans: | |
| <input type="checkbox"/> Site plan | <input type="checkbox"/> Floor Plan |

| Declaration | |
|--|-------------|
| I, _____ declare that; | |
| <ul style="list-style-type: none"> • The information contained in this application is true and correct; • The design and fit out specifications plans of the food premise have been included with this application; • The application fee is included; as per the Schedule of Fees and Charges. | |
| Signature of applicant: _____ | Date: _____ |

Office Use Only

Section 1 Food Type and intended used by customer

| FOOD TYPE AND INTENDED USE BY CUSTOMER (tick only one) | SCORE | ✓ |
|--|-------|---|
| High-risk food that are ready-to-eat | 35 | |
| Medium-risk food that are ready-to-eat | 25 | |
| High-risk foods that are not ready-to-eat | 15 | |
| Medium-risk foods that are not ready-to-eat | 5 | |
| Low-risk foods that may or may not be ready-to-eat | 0 | |
| BUSINESS SCORE | | |

Section 2 Activity of Food Business

| ACTIVITY (tick only one) | SCORE | ✓ |
|--|-------|---|
| High and medium-risk foods that are handled during processing or manufacturing of food | 35 | |
| High and medium-risk foods that are only portioned before receipt by the customer | 25 | |
| Low-risk or non-ready-to-eat foods that are handled during processing or manufacturing of food | 15 | |
| Storage, distribution or sale or pre-packaged food only | 5 | |
| BUSINESS SCORE | | |

Section 3 Method of processing

| PROCESSING (tick only one) | SCORE | ✓ |
|---|-------|---|
| A pathogen reduction step is performed during processing by the food business prior to sale | -10 | |
| A pathogen reduction step is not performed during processing by the food business prior to sale | 0 | |
| BUSINESS SCORE | | |

Additional Points

| Additional Points | SCORE | ✓ |
|---|-------|---|
| A catering business prepares and serves food at different locations | 15 | |
| BUSINESS SCORE | | |

Section 4 Customer base

| CUSTOMER BASE | SCORE | ✓ |
|--|-------|---|
| The food business is not a small business | 10 | |
| The food business is a small business | 1 | |
| The food business is a charitable organisation | 0 | |
| BUSINESS SCORE | | |

Section 5 Food Safety Program

| PROCESSING | SCORE | ✓ |
|--|-------|---|
| Food Safety Program (that complies with 3.2.1) | -25 | |
| Food Business employees trained in food safety and demonstrates skills and knowledge | -10 | |
| BUSINESS SCORE | | |

Additional Points

| Additional Points | SCORE | ✓ |
|--|-------|---|
| Food Business that serves food directly to vulnerable groups | 20 | |
| BUSINESS SCORE | | |

| | |
|--------------------|--|
| TOTAL SCORE | |
|--------------------|--|

| Determining Food Premises Risk Rating | | | |
|---------------------------------------|------------|---|----------------|
| RISK | SCORE | ✓ | BUSINESS SCORE |
| Exempt food business | 0 – 5 | | |
| Low | 6 - 30 | | |
| Low Medium | 31 – 59 | | |
| Medium | 60 - 84 | | |
| High | 85 or more | | |

| Assigned Classification | | | | | |
|-------------------------|----------------------|-----|------------|--------|------|
| Please circle | EXEMPT FOOD BUSINESS | LOW | LOW MEDIUM | MEDIUM | HIGH |

| | |
|----------------------|--|
| Inspections per year | |
|----------------------|--|

| Office Use Only | | | | |
|--|-----|--|--------|------|
| <input type="checkbox"/> Approved | | <input type="checkbox"/> Not Approved | | |
| Exempt | Low | Low Medium | Medium | High |
| Approval conditions/ reasons for non-approval: | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Signature: _____ Date: _____ | | | | |

| | | | |
|-----------------|----|-------------|-------|
| Application fee | \$ | Receipt No: | Date: |
|-----------------|----|-------------|-------|