

PURPOSE

This form is to be used to apply for a registration under the *Food Act 2001* (the Act).
You can access the Act and its regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing a registration under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website: www.health.act.gov.au/hps	General Enquires: (02) 6205 1700	Email Address: hps@act.gov.au	Fax Number: (02) 6205 1705
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INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

Registration is issued to the owner of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the Act.

Accordingly:

- (1) Trusts will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.*
- (2) Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.*
- (3) Parts B and C of this application form must be completed separately for each individual listed as an owner. Extra copies of Parts B and C are available at www.health.act.gov.au/hps or by contacting the HPS.*

- Read the 'Notification and Registration Information for Food Businesses in the ACT' prior to completing this application form (available at www.health.act.gov.au/hps).
- New Businesses must submit 2 sets of plans of A3 size, with elevations, specifications and details of all fixtures, fittings, equipment and surface finishes. Plans may also be submitted electronically to hps@act.gov.au.
- An application for [Fitout or Plan Assessment](#) must also be completed.
- All registered food businesses require at least one trained Food Safety Supervisor. Visit www.health.act.gov.au/hps for further information.
- Complete this form using a black or blue pen and return with appropriate fee (see page 9).

See the last page of this form for information on Fee Exempt categories (*evidence of eligibility must be supplied*).

Is the registration to be issued to a Corporation (a Company, Incorporated Association, Government agency or a Registered Charitable Organisation)?

- YES Complete PARTS A, C, D and E** of this application. *NB: Trusts or Partnerships will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.*
- NO Complete PARTS B, C, D and E** of this application. *Separate details must be completed for each individual listed as an owner.*


Confirmation of identity will need to be produced either:

- 1. In person at the Health Protection Service office; or**
- 2. By submitting certified copies by post/email/fax to the HPS.**

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS AND PAYMENT TO BE RETURNED

 In Person: Health Protection Service 25 Mulley Street HOLDER ACT 2611	 By Post: Health Protection Service Locked Bag 5005 WESTON CREEK ACT 2611	 By Fax: (02) 6205 1705	 By Email: hps@act.gov.au
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CHECKLIST

If applying as an INDIVIDUAL	
<input type="checkbox"/>	Read 'Notification and Registration Information for Food Businesses in the ACT' (available at www.health.act.gov.au/hps)
<input type="checkbox"/>	Part B completed: Ownership details for an individual (one copy for each owner)
<input type="checkbox"/>	Part C completed: Owner address and declaration signed
<input type="checkbox"/>	Part D complete: Proof of identification (one copy for each owner)
<input type="checkbox"/>	One form of current photographic identification (for each signatory) presented in person at the Health Protection Service OR One form of current photographic identification (for each signatory) sighted and certified by an authorised witness for each signatory
<input type="checkbox"/>	Part E completed: Particulars of food business
<input type="checkbox"/>	Declaration signed (page 8)
<input type="checkbox"/>	Attached floor plan OR Floor plan previously provided
<input type="checkbox"/>	Attached payment
If applying as a CORPORATION	
<input type="checkbox"/>	Read 'Notification and Registration Information for Food Businesses in the ACT' (available at www.health.act.gov.au/hps)
<input type="checkbox"/>	Part A completed and signed: Ownership details of a company
<input type="checkbox"/>	Part C completed: Owner address and declaration signed
<input type="checkbox"/>	Attached current company extract issued by the Australian Securities and Investment Commission (ASIC)
<input type="checkbox"/>	Part D complete: Proof of identification (for company agent)
<input type="checkbox"/>	One form of current photographic identification presented in person at the Health Protection Service OR One form of current photographic identification sighted and certified by an authorised witness for each signatory
<input type="checkbox"/>	Part E completed: Particulars of food business
<input type="checkbox"/>	Declaration signed (page 8)
<input type="checkbox"/>	Attached floor plan OR Floor plan previously provided
<input type="checkbox"/>	Attached payment OR Attached documentation of fee-exempt status

TRADING NAME (If applicable)

PART A – OWNERSHIP DETAILS FOR A COMPANY (Do NOT complete if you are applying as an individual) <i>A copy of the Company's current extract (issued within the previous 30 days) from the Australian Securities and Investment Commission (ASIC) must be attached</i>									
AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation									

PART B – OWNERSHIP DETAILS FOR AN INDIVIDUAL (Do NOT complete if you are applying as a company)		
TITLE (Mr, Ms)	GIVEN NAMES	FAMILY NAME

PART C - OWNER ADDRESS (If applying as a company – registered company address must be provided) <i>(Property Name, Unit, Flat Number, Street Number, Street Name)</i>		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE

PART C - OWNER POSTAL ADDRESS (If different to above owner address)		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE

HOME TELEPHONE NUMBER	MOBILE NUMBER
WORK TELEPHONE NUMBER	EMAIL ADDRESS

DECLARATION
<p>I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.</p> <p>Signature : _____ <i>(For Companies - Signature of authorised agent only)</i></p> <p>Position Title (Companies): _____</p> <p>Date: / /</p>

PART D – PROOF OF IDENTIFICATION (must be completed for company (by the registered agent) and individual applicants)

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.

A list of authorised witnesses for true and correct copy can be found at:
<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

The witness should include the following text on a certified copy:

EXAMPLE

CERTIFIED TRUE COPY OF THE ORIGINAL
 I certify that this is a true and accurate copy of the original document sighted by me.
 Full Name: _____ Signed: _____ Dated: _____ Authority to sign: _____ Phone: _____

ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below

- Driver’s licence
- Proof of age or identity card issued by a State/Territory
- Passport

FORMS OF IDENTIFICATION PROVIDED			
Type	Number	Expiry Date	Certified Copy Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

Note for Multiple Owners: (for example partnerships) Copies of Part C are available at www.health.act.gov.au/hps or by contacting the HPS.

PART E - PARTICULARS OF FOOD BUSINESS <i>(must be completed)</i>	
PROPOSED OPENING DATE: / /	
BUSINESS ONSITE CONTACT PERSON	
GIVEN NAME:	FAMILY NAME:
BUSINESS PHONE:	MOBILE PHONE:
AFTER HOURS PHONE:	FAX:
EMAIL ADDRESS:	
LIKELY HOURS OF TRADE: Days/Open/Close Times:	

BUSINESS CORRESPONDENCE POSTAL ADDRESS		
STREET NUMBER/PO BOX:	STREET NAME:	
SUBURB:	STATE:	POSTCODE:

ARE YOU A MOBILE VENDOR? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if No complete 'Physical Address' below – If Yes move to 'Additional information for mobile food vendors').</i>

PHYSICAL ADDRESS OF BUSINESS		
SHOP NUMBER:	PROPERTY NAME:	
STREET NAME:		
SUBURB:	STATE:	POSTCODE:

ADDITIONAL INFORMATION FOR MOBILE FOOD VENDORS <u>ONLY</u>		
ARE YOU A VENDOR PERMANENTLY STATIONED AT ONE SITE?		
<input type="checkbox"/> YES Location of Site: _____		
<input type="checkbox"/> NO Where do you commonly trade?: _____		
VEHICLE REGISTRATION:	STATE:	
STREET ADDRESS <i>(address where vehicle is garaged)</i> :		
SUBURB:	STATE:	POSTCODE:

Was the premises previously used as a food business <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please provide the previous Trading name: _____
PLAN SUBMISSION <i>(please tick below the one that applies)</i> New businesses must submit 2 sets of plans of A3 size, with elevations, specifications and details of all fixtures, fittings, equipment and surface finishes. Plans may also be submitted electronically to hps@act.gov.au . An 'Application for Fitout or Plan Assessment' must also be completed.
<input type="checkbox"/> Application for Fitout or Plan Assessment completed.
<input type="checkbox"/> Detailed copies of plans for the new food business are attached.

FOOD BUSINESS OPERATIONAL DETAILS**WHAT IS YOUR PRIMARY BUSINESS TYPE? (Please ✓ one box only)**

- | | | |
|--|---|--|
| <input type="checkbox"/> AGED CARE | <input type="checkbox"/> HOME BUSINESS | <input type="checkbox"/> NIGHT CLUB |
| <input type="checkbox"/> BAKERY | <input type="checkbox"/> HOSPITAL KITCHEN | <input type="checkbox"/> POULTRY |
| <input type="checkbox"/> BUTCHER | <input type="checkbox"/> HOTEL / MOTEL | <input type="checkbox"/> PUB / TAVERN |
| <input type="checkbox"/> CANTEEN | <input type="checkbox"/> ICE-CREAM | <input type="checkbox"/> RESTAURANT / CAFE |
| <input type="checkbox"/> CATERER | <input type="checkbox"/> LICENSED CLUB | <input type="checkbox"/> RETAILER |
| <input type="checkbox"/> CHARITY /COMMUNITY ORGANISATION | <input type="checkbox"/> LIQUOR OUTLET | <input type="checkbox"/> SEAFOOD |
| <input type="checkbox"/> CHILDCARE | <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> SUPERMARKET |
| <input type="checkbox"/> CONFECTIONARY | <input type="checkbox"/> MARKET STALL | <input type="checkbox"/> TAKE AWAY |
| <input type="checkbox"/> DELICATESSEN | <input type="checkbox"/> MILK VENDOR | <input type="checkbox"/> WHOLESALER |
| <input type="checkbox"/> FRUIT & VEG | <input type="checkbox"/> MOBILE FOOD BUSINESS | |

DO YOU PROVIDE OR MANUFACTURE ANY OF THE FOLLOWING FOODS? (Please ✓ all applicable boxes)

- | | |
|---|--|
| <input type="checkbox"/> BREAD, PASTRIES OR CAKES | <input type="checkbox"/> PREPARED, READY-TO-EAT, TABLE MEALS |
| <input type="checkbox"/> CONFECTIONARY | <input type="checkbox"/> PREPARED SALADS |
| <input type="checkbox"/> DAIRY PRODUCTS | <input type="checkbox"/> PROCESSED FRUIT AND VEGETABLES |
| <input type="checkbox"/> EGG OR EGG PRODUCTS | <input type="checkbox"/> PROCESSED MEAT, POULTRY OR SEAFOOD |
| <input type="checkbox"/> FERMENTED MEAT PRODUCTS | <input type="checkbox"/> RAW FRUIT AND VEGETABLES |
| <input type="checkbox"/> FROZEN MEALS | <input type="checkbox"/> RAW MEAT, POULTRY OR SEAFOOD |
| <input type="checkbox"/> HONEY | <input type="checkbox"/> SANDWICHES OR ROLLS |
| <input type="checkbox"/> INFANT OR BABY FOODS | <input type="checkbox"/> SOFT DRINKS / JUICES |
| <input type="checkbox"/> MEAT PIES, SAUSAGE ROLLS OR HOT DOGS | |
| <input type="checkbox"/> OTHER, PLEASE SPECIFY: _____ | |

FOOD BUSINESS RISK CLASSIFICATION

Food type and intended use by customer (tick only one) (IF MORE THAN ONE OPTION APPLIES, SELECT THE ONE WITH THE HIGHEST SCORE)	Score	✓
You provide high-risk foods that are ready-to-eat (eg: oysters, salami, cooked rice, tofu, cooked chicken/meats, cooked pasta, pies, sushi type products, quiches, cream/custard filled cakes (including imitation cream)).	35	
You provide medium-risk foods that are ready-to-eat (eg: orange juice, ice cream, peanut butter, pasteurised milk, canned meat, cut fruit, dairy products).	25	
You provide high-risk foods that are <u>not</u> ready-to-eat (eg: raw meats and raw seafood).	15	
You provide medium-risk foods that are <u>not</u> ready-to-eat (eg: unprocessed fruit and vegetables).	5	
You provide low-risk foods that may or may not be ready-to-eat (eg: carbonated beverages, grains, cereals, sugar-based confectionery, alcohol, fats and oils).	0	
Business Score		

Activity of food business (tick only one) (IF MORE THAN ONE OPTION APPLIES, SELECT THE ONE WITH THE HIGHEST SCORE)	Score	✓
You handle high and medium-risk ready-to-eat foods during the processing or manufacturing of food.	25	
You portion high and medium-risk ready-to-eat foods before receipt by the customer.	20	
You handle low-risk or non-ready-to-eat foods during the processing or manufacturing of food.	15	
You only store, distribute or sell pre-packaged foods.	5	
Business Score		

Off Site Catering (IF MORE THAN ONE OPTION APPLIES, SELECT THE ONE WITH THE HIGHEST SCORE)	Score	✓
You are a catering business that serves food at a different location to where it is prepared (Serving includes slicing, plating or further processing at a different location to where the food is prepared. Serving does NOT include delivering).	15	
You are a catering business that serves food at the same location at which it is prepared	0	
Business Score		

Method of processing (tick only one) (IF MORE THAN ONE OPTION APPLIES, SELECT THE ONE WITH THE HIGHEST SCORE)	Score	✓
You cook the food you serve or otherwise provide a pathogen reduction step such as canning, fermentation, pasteurisation or any other step that is capable of significantly reducing the level of pathogens present.	-10	
You sell uncooked high risk foods, such as sushi, and do <u>not</u> use a pathogen reduction step during processing prior to sale.	0	
Business Score		

FOOD BUSINESS RISK CLASSIFICATION (Continued)

Customer base (IF MORE THAN ONE OPTION APPLIES, SELECT THE ONE WITH THE HIGHEST SCORE)	Score	✓
You are a small business (less than 10 employees in service sector and less than 50 in manufacturing sector).	5	
You are not a small business .	10	
Business Score		

Supply food to at risk groups <i>(IF MORE THAN ONE OPTION APPLIES, SELECT THE ONE WITH THE HIGHEST SCORE)</i>	Score	✓
You supply food directly to at risk groups ? [eg: You supply foods directly to organisations that cater to the sick, elderly, children under 5 years of age or pregnant women (such as hospitals, nursing homes or child care centres)].	20	
You do not supply food to at risk groups	0	

** Add together scores from all tables of pages 7 & 8*

Business Score

TOTAL SCORE

RISK RATING

Compare the total score above with the below table to determine your risk rating

DETERMINING YOUR RISK RATING

Score	Risk Rating
39 or less	Low Risk
40 – 64	Medium Risk
65 or more	High Risk

FOOD SAFETY SUPERVISOR (FSS) DETAILS		
NAME OF FOOD SAFETY SUPERVISOR(S) (UP TO 4)	TELEPHONE NUMBER	DATE CERTIFICATE ISSUED
1.		__/__/__
2.		__/__/__
3.		__/__/__
4.		__/__/__

DECLARATION	
<p>I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this licence application.</p> <p>I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.</p>	
<p>NAME: _____</p> <p>SIGNATURE: _____</p>	<p>POSITION: _____</p> <p>DATE: _____</p>

FEE EXEMPT CATEGORIES

Fee-exempt food businesses

A fee is not payable by a food business that supplies food in the course of providing services to people:

- i. *in a correctional centre under the Corrections Management Act 2007;*
- ii. *in a detention place or therapeutic protection place under the Children and Young People Act 2008;*
- iii. *at a hospice, hospital, nursing home or other health facility operated by or on behalf of the Territory;*
- iv. *in a health care facility licensed under the Public Health Act 1997;*
- v. *at a pre-school, primary school, high school or secondary college ("**educational place**") from a canteen operated either by the educational place or by the parents and citizens association of the educational place;*
- vi. *in a childcare centre licensed as a childcare service under the Children and Young People Act 2008;*
- vii. *in a childcare centre that holds a current service approval under the Education and Care Services National Law (ACT) Act 2011;*
- viii. *by a charitable organisation that is a charity endorsed under subdivision 50-B of the Income Tax Assessment Act 1997 (Cwlth);*
- ix. *by a crisis accommodation provider declared under the Residential Tenancies Act 1997; or*
- x. *by a community organisation, as defined in this section, that is not a charity under subdivision 50-B of the Income Tax Assessment Act 1997 (Cwlth).*

A fee is also not payable by a registered training organisation whose purpose is the provision or offering of courses that involve the handling of food intended for sale or the sale of food (eg. a hospitality school).

A **community organisation** for this section means a society, association or other body, whether incorporated or not under the *Associations Incorporations Act 1991*, that is not carried on for the pecuniary profit or gain of its members and that is engaged in the ACT in any of the following activities:

- (a) *providing assistance in connection with the social welfare needs of the community;*
- (b) *the carrying out of projects, or the provision of services, for the benefit of the community or a section of the community;*
- (c) *the promotion of, the provision of facilities for, or the encouragement of participation in, any sport, recreational pursuit or hobby;*
- (d) *the promotion, or the encouragement of the practice, appreciation, understanding or enjoyment, of any of the arts;*
- (e) *conducting conventions, jamborees and other events that are designed to attract participants to the ACT from places outside the ACT;*
- (f) *the study of, research into, or the fostering of interest in, history or matters of historic significance; or*
- (g) *the preservation or protection of the national estate or the restoration, reconstruction or adaptation of the national estate for conservation purposes.*