

Food Act 2008 Notification/Registration Form



Proprietor/Business details

Proprietor Name:		
Postal Address:		
ABN:		
Phone:	A/H:	Fax:
Email:		
Primary language spoken:	Number of equivalent full time staff:	

Premises details *(if food vehicle/temporary food business please provide details of where the vehicle is garaged)*

Trading Name:
Address of Premises:
Phone:
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"/> 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 _____ |

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"/> 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"/> Processed meat, poultry or seafood | <input type="checkbox"/> Egg or egg products |
| <input type="checkbox"/> Fermented meat products | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Meat pies, sausage rolls or hot dogs | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Soft drinks/juices | |
| <input type="checkbox"/> Raw fruit and vegetables | |
| <input type="checkbox"/> Processed fruit and vegetables | |

Nature of food business

	Yes	No
Are you a small business ¹ ?		
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer ² ?		
Do you process the food that you produce or provide before sale or distribution?		
Do you directly supply or manufacturer food for organisations that cater to vulnerable persons ³ ?		
To be answered by manufacturing/processing businesses only:		
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 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?		

¹ Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector

² 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

³ Standard 3.3.1 *Australia New Zealand Food Standards Code*

Hours of operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Recall contact:

First name			
Last name			
Phone		A/H:	Fax:
Email			

Information to be Submitted	
(i) Completed Application for Planning Consent;	<input type="checkbox"/>
(ii) Finishes of floors, walls, ceilings, benches, shelves and other surfaces;	<input type="checkbox"/>
(iii) Lighting and electrical installations – types, locations;	<input type="checkbox"/>
(iv) Location and cross-sectional details of all fixtures and fittings, including construction materials;	<input type="checkbox"/>
(v) Plumbing design and location (including sinks/services, floor wastes/bucket traps, grease traps and sanitary conveniences);	<input type="checkbox"/>
(vi) Refrigeration details such as freezers, chillers, cool rooms, display fridge's etc;	<input type="checkbox"/>
(vii) Position of exhaust canopies with details and specifications of hood fabrication and performance;	<input type="checkbox"/>
(viii) Details of refuse facilities (rubbish bins, bin storage area);	<input type="checkbox"/>
(ix) Toilets and change rooms (including disabled facilities where required);	<input type="checkbox"/>
(x) A floor plan showing the size and use of every room;	<input type="checkbox"/>
(xi) The estimated number of persons, including the proprietor or proprietors, engaged in the preparation, manufacture, processing, cooking or serving of meals	<input type="checkbox"/>

OFFICE USE ONLY

RCPT CODE	ACCOUNT NUMBER	DETAILS	AMT
594		Notification	\$ 50.00
500		Registration	\$ 140.00
TOTAL			

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 \$50/\$140 (circle appropriate) is enclosed with this application.

Signature of applicant: _____

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

Date: _____