

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 <small>(if food vehicle/temporary food business please provide details of where the vehicle is garaged)</small>		
Trading Name:		
Address of Premises: * Shopping Centre: (*if applicable) * Shop No:		
Street Address:		
Suburb:		
Post Code:		
Phone:	A/H:	Fax:
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"/> Pub/tavern |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Canteen/kitchen |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Hospital/nursing home |
| <input type="checkbox"/> Distributor/importer | <input type="checkbox"/> Childcare centre |
| <input type="checkbox"/> Packer | <input type="checkbox"/> Home delivery |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Temporary food premises |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Mobile food operator |
| <input type="checkbox"/> Restaurant/café | <input type="checkbox"/> Market stall |
| <input type="checkbox"/> Snack bar/takeaway | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Meals-on-wheels |
| <input type="checkbox"/> Hotel/motel/guesthouse | 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"/> Processed fruit and vegetables |
| <input type="checkbox"/> Frozen meals | <input type="checkbox"/> Confectionary |
| <input type="checkbox"/> Raw meat, poultry or seafood (i.e. oysters) | <input type="checkbox"/> Infant or baby foods |
| <input type="checkbox"/> Processed meat, poultry or seafood | <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 (ready-to-eat ¹) | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Soft drinks/juices | Other _____ |
| <input type="checkbox"/> Raw fruit and vegetables | _____ |

NATURE OF FOOD BUSINESS**YES****NO**Are you a small business²?Is the food that you provide, produce or manufacture ready-to-eat¹ when sold to the customer?

Do you process the food that you produce or provide before sale or distribution?

Do you directly supply or manufacture food for organisations that cater to vulnerable persons³?**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-eat¹ food at a different location from where it is prepared?

Phone:

A/H:

Fax:

HOURS OF OPERATION:			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

FOOD RECALL CONTACT:			
First name:			
Last 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.	
SIGNATURE OF APPLICANT:	DATE:
Position: (In the case of a company, the signing officer must state position in the company)	

Please return to:

Environmental Health Services

T: 08 9400 4933

F: 08 9300 1383

Boas Avenue Joondalup WA 6027

PO Box 21 Joondalup WA 6919

info@joondalup.wa.gov.au

www.joondalup.wa.gov.au

This document is available in alternate formats upon request.

(Footnotes)

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.