

Authority Register No. _____ (FP1)

Application for Notification/Registration of Food Business For Fixed Food Business

All applications are to be lodged allowing 10 days processing time.

Section 1. Food Business Details				
Organisation Name:			ABN/ACN:	
Trading Name:				
If food business was previously registered, please provide name of existing business:				
Address of Premises:	Shop no.	Unit no.	Street no.	
	Street name		Suburb	Postcode
Postal Address:				
Phone:			Fax:	
Email:			Number of equivalent full time staff:	

Section 2. Proprietor's Details <i>(the Proprietor is the person who conducts or is in charge of the food business)</i>				
Proprietor's Full Name (person's name):				
Proprietor's Residential Address:	Unit no.	Street no.	Street name	
	Suburb		Postcode	
Phone:		Mobile:		
Fax:		Email:		
Primary language spoken:				

Section 3. Details of Site Manager or Person Delegated by Proprietor <i>(if different from proprietor)</i>				
Full Name (person's name):				
Position Title:				
Phone:		Mobile:		
Fax:		Email:		
Primary language spoken:				

Section 4. Hours of Operation			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		Public Holidays	

Section 5. Potable Water Supply

Scheme water Rainwater tank Bore water Other _____

Section 6. Description of Use of Premises

(i) Type of business (Please rate top three activities carried out on the premise, where 1 = main activity)

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer/processor | <input type="checkbox"/> Primary producer |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Hotel/motel/guesthouse |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Pub/tavern |
| <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"/> Charitable or community organisation | <input type="checkbox"/> Restaurant/cafe |
| <input type="checkbox"/> Primary processor | <input type="checkbox"/> Snack/takeaway |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Meals on wheels |
| <input type="checkbox"/> Other _____ | |

(ii) If you have indicated that your business is a charitable or community organisation in Section 6A (i), is the organisation an incorporated association under the Associations Incorporation Act and/ or licensed under the Charitable Collections Act? (Note:

Incorporation of an association means that it becomes a legal entity in its own right, separate from the individual members.)

- Incorporated association under Associations Incorporation Act
- Licensed under the Charitable Collections Act
- None of the above

If none of the above, please indicate the purpose of your charitable or community organisation:

B. Please provide more details about your type of business

(For example: family day care, butcher, bakery, seafood processor, packing shed, service station. If business is a catering business, please provide maximum patrons estimate)

C. Please provide details of seating (if applicable)

Internal - no. of seats for dining _____

Internal - no. of seats for waiting _____

External - no. of seats for dining _____

D. Do you provide, produce or manufacture any of the following foods or goods?

(Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Prepared, ready to eat ¹ table meals | <input type="checkbox"/> Juices |
| <input type="checkbox"/> Frozen meals | <input type="checkbox"/> Confectionary |
| <input type="checkbox"/> Raw meat, poultry or seafood (ie 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"/> Beverage and drinks |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Raw fruit and vegetables | <input type="checkbox"/> Liquor and liquor products |
| <input type="checkbox"/> Processed ² fruit and vegetables | <input type="checkbox"/> Tobacco and tobacco products |
| <input type="checkbox"/> Infant or baby foods | <input type="checkbox"/> Other _____ |

¹ 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

² 'Process' means activity conducted to prepare food for sale; including chopping, cooking, drying, fermenting, heating, pasteurising, or a combination of these.

E. Nature of food business

Yes No

	Yes	No
Are you a small business ³ ?		
Is the food that you provide, produce or manufacture ready to eat when sold to the customer?		
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 ⁴ ?		

To be answered by manufacturing/processing businesses only:

Do you manufacture or produce products that are not shelf stable ⁵ ?		
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?		
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³ Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector.

⁴ Is a person who is in care in a facility listed in Schedule of *Standard 3.3.1 Australia New Zealand Food Standards Code* or a client of a delivered meal organisation. Examples include (but are not limited to) aged care recipients, hospital patients, children in child care, respite patients, nursing home residents.

⁵ Non-perishable food with a shelf life of many months to years.

PLEASE NOTE: The following 4 information items MUST be provided in writing with this application, or it will not be processed.

1. Proof of ability to operate a Food Business attached
(Attach a statement of previous experience in operating food businesses)
2. i) Have undertaken the FoodSafe Program, I'm Alert Online Food Safety Training or other food handling training programs
(Attach certificate of participation and/ or accreditation); or
ii) Will undertake FoodSafe Program or I'm Alert Online Food Safety Training
(Available online at <http://www.kwinana.imalert.com.au>)
3. Details of previous (if any) prosecutions under the Health Act or Food Act.
4. Two copies of floor plan, site plan, sectional elevations, mechanical exhaust, hydraulics, refuse storage facilities (drawn to scale). Submit in A3 hard copy or electronically on CD.

Plans must be drawn to scale and must provide adequate detail and information so that the application may be adequately assessed. Only a floor plan is required for family day care and bed and breakfast operators unless changes are made to the residential kitchen. Refer to the guidelines for further information.

- Floor Plan –Scale 1:100.
- Sectional Elevations - Scale 1:50.
- Site Plan - Scale 1:100.
- Mechanical exhaust ventilation system/s - Scale 1:50
- Hydraulic (plumbing and drainage) plan - Scale 1:50.
- Refuse storage facilities and location

FEES

Note: Fee Increases may apply 1 July each financial year.

Fees for commercial operators (all fees applicable as indicated in schedule of fees):

See schedule of fees attached.

Note: Application fee upon lodgement of plans and specifications (fit out assessment) is not applicable for food businesses with previous registration unless there are alterations to the premise.

No fees are applicable for charitable and community operators (includes but is not limited to sporting clubs, schools, churches and other not for profit organisations without a liquor licence)

Declaration: I, _____ (name of the proprietor) making this application declare that the information contained in this application is true and correct in every particular on behalf of _____ (organisation name of food business).

Signature of proprietor: _____ **Date:** _____

Your notification will be assessed by City of Kwinana Health Services and a risk classification assigned to the food business. Additional registration and surveillance fees may be requested in writing according to the risk rating assigned to the food business prior to the issue of a verification of notification or certification of registration.