

FOOD BUSINESS NOTIFICATION AND REGISTRATION FORM

Please tick if updating details only. (Change of ownership requires new notification)

Please tick if registered with another Local Government being _____

Contact details

Name of Proprietor/s (in full):		
Business Address:		
Business Postal Address:		
Phone:	Mobile:	Fax:
Email:		

Food Premises Details

Name of Food Business (in full):
Is your premise within a residential property <input type="checkbox"/> Yes <input type="checkbox"/> No
ABN/ACN:
Are you a charitable or non-for-profit organisation <input type="checkbox"/> Yes <input type="checkbox"/> No

Hours of operation: (Main Business Location)

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Food Business Information

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

Please tick all boxes that apply (there may be more than one)

- | | |
|--|---|
| <input type="checkbox"/> Prepared, ready to eat table meals | <input type="checkbox"/> Processed fruit and vegetables Prepared salads |
| <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 | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Soft drinks/juices | _____ |
| <input type="checkbox"/> Raw fruit and vegetables | |

Business Type

Please tick all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Fast Food Takeaway/Snack Bar | <input type="checkbox"/> Mobile food operator |
| <input type="checkbox"/> Butcher | <input type="checkbox"/> Food Service | <input type="checkbox"/> Packer |
| <input type="checkbox"/> Canteen/kitchen | <input type="checkbox"/> Frozen Food | <input type="checkbox"/> Restaurant/Café |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Fruit and Vegetable | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Charitable or community organisation | <input type="checkbox"/> Home delivery | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Childcare. No of children _____ | <input type="checkbox"/> Hospital/nursing home | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Manufacturer/processor | <input type="checkbox"/> Temporary food premises |
| <input type="checkbox"/> Distributor/importer | <input type="checkbox"/> Market stall | <input type="checkbox"/> Transport |
| | <input type="checkbox"/> Meals-on-wheels | <input type="checkbox"/> Other: _____ |

Please provide a brief description of your food business operations/activities

(For example: Bakery – preparing and baking bread, pastries, cakes, pies and sausage rolls. Pies and sausage rolls heated for direct sale)

Additional Information Required for new premises

All Food Businesses:

- Design and Fit-out specifications of the premise
- Floor Plan: including layout, elevations, equipment specifications and finishings; and
- Sample Menu.

Manufacturing Food Businesses:

- Copies of food labels where products are to be sold as packaged goods.

Food Premises registered with alternate Local Council

- Copy of Food Act 2008 Registration Certificate from local authority.

Fees

A \$60.00 registration fee applies to food businesses registering for the first time with the Shire, with the exception on the following business types:

- Charitable or not-for profit;
- Exempt food businesses (check with Manager Regulatory Services);
- Food businesses already registered with another Local Government.

Declaration:

I, the person/s making this application declare that the information contained in this application is true and correct in every particular.

Signature of applicant/s: _____

Date: _____

* Payment can be made:

- In person at the Shire Offices, 23 Antares St, Southern Cross
- Cheque or money order attached to this application
- Providing credit card details below.

Credit Card Payments		
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa		
Name on Card:	Expiry:	CVC:
Card Number	Amount: \$ 60.00	
Signature:	Date:	