

Proprietor / business details

Proprietor / entity name:		
Please note that trusts are not recognised as legal entities for the purpose for the <i>Food Act 2008</i> , the City can only issue a registration to an individual, a partnership or a proprietary limited.		
Proprietor / entity address:		
The Registered Office for the parent company or sole trader		
ABN:		
ACN:		
Email address:		
This email address will be used for all correspondence including invoicing and inspection reports.		
Phone number:	Mobile:	A/H:
Primary language spoken:	Number of equivalent full time staff:	

Premises details

Trading name of food business:		
Premise address:		
Street address of where the business is trading from.		
Phone number:	Mobile:	A/H:
Name of person in charge and title (if different from proprietor):		
Details of food vehicle (if applicable):		
<p>Make: _____</p> <p>Model: _____</p> <p>Registration plate: _____</p>		
Is the premises used by any other food business? If yes, provide details:		
Is food produced onsite and transported off site for sale elsewhere? If yes, provide details:		

Nature of business

Note: The food business is required to notify the enforcement agency of any changes to the information provided below. The new information must be provided to the enforcement agency before the changes occur. Any changes to the information may affect the classification of a food business.

1 (a) What is your business type?

✓ Please tick all boxes that apply:

<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"/> Child care centre
<input type="checkbox"/> Storage	<input type="checkbox"/> Home delivery
<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"/> Temporary food premises
<input type="checkbox"/> Meals-on-wheels	<input type="checkbox"/> Other _____

(b) Please provide more detail about your business type.

For example: butcher, bakery, seafood process, soft drink manufacturer, milk vendor, service station.

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

✓ Please tick all boxes that apply:

<input type="checkbox"/> Prepared, ready-to-eat* table meals	<input type="checkbox"/> Raw fruit and vegetables
<input type="checkbox"/> Frozen meals	<input type="checkbox"/> Processed fruit and vegetables
<input type="checkbox"/> Raw meat, poultry or seafood	<input type="checkbox"/> Confectionery
<input type="checkbox"/> Processed meat, poultry or seafood	<input type="checkbox"/> Infant or baby foods, 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"/> Prepared salads
<input type="checkbox"/> Soft drinks / juices	<input type="checkbox"/> Other _____

3. These questions seek further information about the nature of your food business		
Questions to be answered by ALL BUSINESSES:		
Are you a small business*?	Yes	No
Is the food that you provide, produce or manufacture ready-to-eat* when sold to the consumer?	Yes	No
Do you process* the food that you produce or provide for sale or distribution?	Yes	No
Do you directly supply or manufacture food for 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)?	Yes	No
Do you have a Liquor Licence for the premises?	Yes	No
If yes, what type?		
Have you previously worked in the food industry?	Yes	No
Do you have any food handling qualifications? If yes, please detail	Yes	No
To be answered by CATERING BUSINESSES only:		
Do you provide food to more than 50 persons at least 12 times per annum?	Yes	No
To be answered by MANUFACTURING / PROCESSING BUSINESSES only:		
Do you manufacture or produce products that are not shelf stable*?	Yes	No
Do you manufacture or produce fermented meat products such as salami?	Yes	No
To be answered by FOOD SERVICE AND RETAIL BUSINESSES only: (includes 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?	Yes	No

*Refer to definitions below;

Definitions for the purposes of notification

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

Ready-to-eat food means food that is ordinarily consumed in the same state as that in which it is sold and does not include nuts totally enclosed in the shell or whole fruit and vegetables intended for further processing by the customer.

Shelf-stable means non-perishable food with a shelf life of many months to years.

Small business is a business that employs less than 50 people in the 'manufacturing' sector or which employs less than 10 people in the 'food services' sector.

Food Premises Notification Application for Registration of a Food Business

Recall contact:

First name:

Last name:

Email address:

Phone number:

Mobile:

A/H:

Hours of operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Required attachments:

- A copy of the Business Registration issued by the Australian Business Register. Please note this document needs to show the legal entity for the business.
- A scale copy of premises floor plans showing the position of all fixtures and equipment.
- Your menu (if applicable).
- Depending on business operations you may be required to appoint a Food Safety Supervisor, who will be required to provide a copy of their qualification in SITSS00069 – Food Safety Supervision Skill Set.

Declaration:

I, the person making this application declare that:

- i) The information contained in this application is true and correct;
- ii) I will notify the City's Environmental Health department of any variation to details provided within this application prior to trading;
- iii) The appropriate approvals from the City's Development Services department have been obtained **prior** to lodging this application.

Signature of applicant _____

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

Date: _____