

Food Business

Application for **Registration** of a Food Business (including mobile food business)

Food Business Proprietor's Details

Proprietor of a Food Business means – a) the person carrying on the food business or b) if that person cannot be identified, the person in charge of the food business

Name of Proprietor (Person's Name NOT Company Name):

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Date of Birth of Proprietor or ABN:

Postal Address:

..... Postcode:

Telephone: Mobile Phone:

Facsimile: Email:

Details of skills and knowledge provide details:

1. of the proprietor or "Food Safety Supervisor"
 (name).....(training).....
2. food handlers
 (name).....(training).....
 (name).....(training).....
 (name).....(training).....

Business Details (Day-to-day operator)

Name of business:

Location of business (Street address):

.....

Food Safety Supervisor:.....

Telephone: Mobile Phone:

Email:

Website:

Type of business (e.g. Cafe, Bakehouse, Restaurant etc):

Types of food sold or manufactured:

.....
Raw eggs

Do you make raw egg based foods (e.g. **mayonnaise or aioli**)? Yes No *circle*

(specify).....

Name and address of egg supplier.....

Or

Do you use commercially available mayonnaise or aioli? Yes No *circle*

(specify).....

Catering Services

Do you undertake catering services (supply food for functions at other places)? Yes No *circle*

(specify foods)

.....

If yes explain the 2 hour 4 hour

rule?.....

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Ready to Eat Meat Products

Do you manufacture meat products like Hams, Salami and Smoked Meats etc? Yes No *circle*

(specify foods)

.....

Food Safety Questionnaire

It is now a requirement of the Food Act 2003 that the proprietor of all food businesses demonstrate a satisfactory knowledge and skills of food safety. The satisfactory completion of the food safety questionnaire will satisfy the knowledge and skills requirement.

1. Why can't you use the same gloves to prepare cooked foods and raw foods?

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.....

.....

2. Which of the following meats are safe to eat when they are pink or under cooked?

Please circle.

- A. Rolled roast meat
- B. Hamburgers
- C. Scotch fillet steak
- D. Chicken

3. How can you tell if food has enough bacteria to cause food poisoning?

Please circle.

- A. It will Smell
- B. You can't, it will appear normal
- C. It will have a different colour
- D. It will taste different

4. Where should raw meat be stored in a refrigerator/coolroom?

Please circle.

- A. At the top.
- B. In the middle.
- C. At the bottom, below all other food.

Mobile Food Business

For Mobile Food Business- vehicle registration number and address where garaged

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Proposed hours of operation (*or attendance on site*):

Mon Tue Wed Thu

Fri Sat Sun

Fee and Signature

Application fee: **See Invoice attached**

Signature of Applicant for Registration

Date

*Please lodge your completed form and application fee with the
Break O'Day Council*

Office Use Only

Receipt No.:.....

Date:

ENVIRONMENTAL HEALTH OFFICER / ASSESSMENT REPORT

- I STATE THAT the proposed food business situated at the above address complies satisfactorily with the requirements of the Food Act 2003 and relevant guidelines and standards for the type of business which will be conducted thereon and for the type of food that will be manufactured for sale or sold in/from the premises.
- I RECOMMEND THAT the food business be granted registration to the proposed Proprietor and that the proposed food business situated at the above address be registered subject to the terms and conditions on the attached Certificate.
- I DO NOT RECOMMEND the granting of the proposed registration. My reasons are given in the attached report.

EHO Signature:.....

Date:.....

Conditions:.....
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