

SHIRE of BOYUP BROOK

Food Act 2008 - Notification or Registration Form (please circle which applies)

Proprietor/Business details

Proprietor Name:		
Postal Address:		
Name of Business or Organisation		
Phone:	A/H:	Fax:
Email:		
Number of equivalent full time staff:		

Premises details *(if food vehicle/temporary food business please provide details of where the vehicle is garaged)*

Address of Premises:
Phone:
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"/> 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"/> Childcare centre |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Home delivery |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Temporary food premises |

- | | |
|---|---|
| <input type="checkbox"/> Restaurant/café | <input type="checkbox"/> Mobile food operator |
| <input type="checkbox"/> Snack bar/takeaway | <input type="checkbox"/> Market stall |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Meals-on-wheels | <input type="checkbox"/> Other _____ |

Please describe the types of food that your business or organisation sells and briefly how it operates (e.g how it sources, stores, processes, transports and serves food):

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"/> Confectionary |
| <input type="checkbox"/> Frozen meals | <input type="checkbox"/> Infant or baby foods |
| <input type="checkbox"/> Raw meat, poultry or seafood (i.e. 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"/> Prepared salads |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Soft drinks/juices | |
| <input type="checkbox"/> Raw fruit and vegetables | |
| <input type="checkbox"/> Processed fruit and vegetables | |

Nature of food business

	Yes	No
Are you a small business? (e.g. less than 10 employees)		
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?		
Do you directly supply or manufacturer food for organisations that cater to vulnerable persons ² ?		

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

² Standard 3.3.1 *Australia New Zealand Food Standards Code*

To be answered by manufacturing/processing businesses only:

What foods do you manufacture?

Dates & hours of operation (For Notifications, not Registrations):

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Contact or Supervisor (Non-commercial organisations must nominate a Supervisor, competent in Food Safety):

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
- the prescribed fee of \$50 [Notification] or \$130 [Registration] (*circle appropriate*) is enclosed with this application.

Signature of applicant: _____

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

Date: _____