



Food Act 2008
Registration of New Food
Business 2015-2016 financial year
Proprietor/Business details

Trading Name:		
Proprietor or Company Director Name:		
Company Name:		
Address of Premises:		
Postal Address (if different from above):		
ABN/ACN:		
Phone:	Mobile:	Fax:
Email:		
Primary language spoken:	Number of equivalent full time staff:	
Manager/Licensee (if different from proprietor):		
Will a vehicle be used in association with the business: YES <input type="checkbox"/> NO <input type="checkbox"/>		
If Yes: Details of vehicle – make: _____ model: _____ registration: _____		
Details of any associated premises (if food is stored or prepared at another location):		

1. Food Type and Intended Use by Customer

	Yes	No
Do you provide, produce or manufacture food that is ready-to-eat by the customer without further processing or cooking to destroy germs e.g. oysters, cold smoked seafood?		

Select the food types that your business provides, produces or manufactures (*tick all boxes that apply*)

High Risk Foods

- Raw meat, poultry or seafood
- Milk or milk products
- Processed meat, poultry or seafood e.g. salami, meat pies, sausage rolls, frankfurts etc
- Fresh filled pasta, sandwiches or rolls
- Cooked rice or lasagne
- Tofu
- Other: (specify) _____

Medium Risk Foods

- Prepared salads
- Egg or egg products
- Milk based confectionary
- Raw fruit and vegetables

- Pasteurised milk, dairy products
- Canned meat
- Processed fruit, vegetables or juices
- Other: (specify) _____

Low Risk Foods

- Fats or oils
- Grains, cereals, or breads
- Carbonated drinks
- Sugar based confectionary
- Alcohol
- Other: (specify) _____

2. Activity of the Food Business (tick all boxes that apply)

<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Meals on Wheels
<input type="checkbox"/> Butcher	<input type="checkbox"/> School canteen
<input type="checkbox"/> Baker	<input type="checkbox"/> Child Care Centre
<input type="checkbox"/> Fruit/Vegetables	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Health Foods	<input type="checkbox"/> Café/Tearoom
<input type="checkbox"/> Ice Cream	<input type="checkbox"/> Bed and Breakfast
<input type="checkbox"/> Fish Shop	<input type="checkbox"/> Caterer
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Seniors Centre, Nursing Home
<input type="checkbox"/> Fast Food/Take away	<input type="checkbox"/> Hospital
<input type="checkbox"/> Bar/Tavern (no food handling)	<input type="checkbox"/> Club (social, sporting etc.)
<input type="checkbox"/> Confectionery	<input type="checkbox"/> Function Centre
<input type="checkbox"/> Service Station	<input type="checkbox"/> Other (specify)

If you are a manufacturer or wholesaler, what types of food is your business involved in?

3. Catering Yes No

Do you sell ready-to-eat food at a different location from where it is prepared?	<input type="checkbox"/>	<input type="checkbox"/>
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4. Method of Processing Yes No

Is most food you provide to customers cooked or otherwise treated prior to sale to kill germs?	<input type="checkbox"/>	<input type="checkbox"/>
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5. Customer Base Yes No

Are you a food manufacturer employing less than 50 people?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a services industry employing less than 10 people?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a charitable (not for profit) organisation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sell <u>only</u> low risk pre packaged foods e.g. confectionery, soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>

6. At Risk Groups Yes No

Do you directly supply or manufacturer food for organisations that cater to vulnerable groups such as nursing homes, hospitals and childcare centres etc.?	<input type="checkbox"/>	<input type="checkbox"/>
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7. Food Safety Program Yes No

Does your business have an auditable, complying Food Safety Plan?	<input type="checkbox"/>	<input type="checkbox"/>
What is the name of the Food Safety Plan?		

Declaration:

I, the person making this application declare that:

- The information contained in this application is true and correct in every particular

Signature of applicant: _____

Date _____

Name of applicant: _____

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

Privacy Statement

The information provided on this notification will be used to determine the risk classification of your food business in accordance with the *Food Act 2008*. Under no circumstance will it be sold, provided to or made available to a third party and confidentiality will be maintained at all times.

Payment details

Post: PO Box 54
Claremont, WA 6910

In person: Number One Claremont,
308 Stirling Highway
Claremont, WA 6010

FEES FINANCIAL YEAR 2015 -2016

Registration fee: \$154.00

Cheques made payable to: Town of Claremont

Credit card information

Name shown on card: _____

Card Number: _____

Expiration Date: ____ / ____

Card Type: Master Card Visa Card

Total amount: _____