



Record No: _____

File No: _____

FOOD ACT 2008 NOTIFICATION AND REGISTRATION FORM

| PROPRIETOR/BUSINESS DETAILS | | | |
|-----------------------------|--|---------------------------------------|--|
| Proprietor Name: | | | |
| Business Name: | | | |
| ABN: | | | |
| Postal Address: | | | |
| Phone No: | | Mobile No: | |
| Email Address: | | | |
| Website: | | | |
| Primary Language Spoken: | | Number of equivalent full time staff: | |

| PREMISES DETAILS: | | | |
|------------------------------------|-------|------------|------|
| Address of premises: | | | |
| Phone No: | | Mobile No: | |
| Email: | | | |
| Name of Person in charge: | | | |
| Details of food vehicle: | Make: | Model: | Reg: |
| Details of any associate premises: | | | |

| PROPOSED STALL: | |
|-----------------------|--|
| Date(s) of Operation: | |
| Hour(s) of Operation: | |
| Location: | |

| DESCRIPTION OF USE OF PREMISES: 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"/> 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 PROVIDE MORE DETAILS ABOUT YOUR TYPE OF BUSINESS:

For example: butcher, bakery, seafood processor, soft drink manufacturer, milk vendor, service station. If business is a catering business, please provide maximum patrons estimate.

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: Please tick yes or no.

| | Yes | No |
|--|-----|----|
| Are you a small business ² ? | | |
| Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer? | | |
| Do you process the food that you produce or provide before sale or distribution? | | |
| Do you directly supply or manufacturer food for organisations that cater to vulnerable persons ³ ? | | |
| Only answer if business is manufacturing/processing: | | |
| Do you manufacture or produce products that are not shelf stable? | | |
| Do you manufacture or produce fermented meat products such as salami? | | |
| Only answer if business is food service and retail including charitable, community organisations and market stalls: | | |
| Do you sell ready-to-eat food at a different locations from where it is prepared? | | |

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

²Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector

³Standard 3.3.1Australia New Zealand Food Standards Code

| TRAINING AND EXPERIENCE: | |
|---|--|
| Please provide details of; | |
| Food Safety Training Qualifications Achieved: | |
| Previous Food Business Experience: | |

| HOURS OF OPERATION: | | | |
|---------------------|--|-----------|--|
| Monday: | | Friday: | |
| Tuesday: | | Saturday: | |
| Wednesday: | | Sunday: | |
| Thursday: | | | |

| RECALL CONTACT: | | | |
|-----------------|--|------------|--|
| Name: | | | |
| Phone No: | | Mobile No: | |
| Email: | | | |

| TEMPORARY FOOD STALL: Please provide the name and address of food premises where food is manufactured or packaged for sale: | |
|---|--|
| Name of Supplier: | |
| Address: | |

| CHECKLIST: | |
|---|----------|
| Required attachments: | |
| <input type="checkbox"/> A copy of Business Registration issued by the Ministry of Fair Trading | |
| Declaration: | |
| I, the person making this application declare that: | |
| <ul style="list-style-type: none"> - The information contained in this application is true and correct - Shire planning and building approval has been obtained prior to lodging this application - Relevant fees have been paid | |
| Notification of Food Business | \$ 84.00 |
| Registration of Food Business | \$255.00 |
| Food Vehicles all classes inspection fee | \$169.00 |
| Food Business – annual surveillance & monitoring fee | \$210.00 |
| Signature of applicant: _____ Date: ____/____/____ | |
| (In the case of a company, the signing officer must state position in the company) | |
| Position: _____ | |

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 The Shire of York complies with the Federal *Privacy Act 1988*. The information contained in this form will not be disclosed to any third parties.