

# Food Business Notification/Registration Form

Part 9, Section 107 & Section 110 of the *Food Act 2008*

## Proprietor/Business Details

Proprietor name:		
Postal address:		
ABN:		
Phone:	A/H:	Fax:
Email:		
Primary language spoken:	Number of equivalent full time staff:	

## Food Premises/Food Vehicle/Temporary Food Premises details:

If food vehicle, please provide details of where the vehicle is garaged.

If temporary food premises, please provide details of where the food premises will be located and/or event details.

Trading name:	
Address of premises or location of event/stall:	
Phone:	Email:
Name of person in charge and title:	
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            |

- Caterer
- Meals-on-wheels
- Charitable or community organisation
- 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)

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

Please tick **all** boxes that apply

- Prepared, ready to eat<sup>1</sup> table meals
- Frozen meals
- Raw meat, poultry or seafood (i.e. oysters)
- Processed meat, poultry or seafood
- Fermented meat products
- Meat pies, sausage rolls or hot dogs
- Sandwiches or rolls
- Soft drinks/juices
- Raw fruit and vegetables
- Processed fruit and vegetables
- Confectionary
- Infant or baby foods
- Bread, pastries or cakes
- Egg or egg products
- Dairy products
- Prepared salads
- Other:

### Nature of food business

	Yes	No
Are you a small business <sup>2</sup> ?		
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?		

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

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

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 <sup>3</sup> ?		
<b>To be answered by manufacturing/processing businesses only:</b>		
Do you manufacture or produce products that are not shelf stable?		
Do you manufacture or produce fermented meat products such as salami?		
<b>To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):</b>		
Do you sell ready-to-eat food at a different location from where it is prepared?		

### Hours of operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

*(If a temporary food premises, please provide dates and times that the premises will be operating)*

\_\_\_\_\_

<sup>3</sup> Standard 3.3.1 Australia New Zealand Food Standards Code

## Recall contact:

First name			
Last name			
Phone		A/H:	Fax:
Email			

## Privacy Statement

All information obtained on this form relating to manufacturing secrets or commercial secrets or confidential processes remains confidential as prescribed by Section 142 of the Food Act 2008.

### 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 **\$60** is enclosed with this application.

Signature of applicant: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Payment Information

### Payment Method:

Payment can be made at our Administration Building by cash: EFTPOS, cheque, money orders (make payable to City of South Perth) or by credit card.

### By mail:

I wish to pay by credit card\* (an invoice will be sent to you)

For cheque payments, please make payable to City of South Perth.

**In Person:**

Cashier  
City of South Perth  
Civic Centre, Cnr Sandgate St & South Tce  
South Perth Western Australia 6151

Environmental Health Services Enquiries:

9474 0777

[enquiries@southperth.wa.gov.au](mailto:enquiries@southperth.wa.gov.au)

9474 2425