



Food Act 2008

I/we make application for (please tick):

- Fit-out New Food Business
- Food Business Registration
- Restoration/amendment existing registered fixed Food Business or Vehicle
- Change of ownership to existing registered fixed Food Business or Vehicle
- Notification Only

Proprietor/Business Details

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

Premises Details *(if food vehicle/temporary food business provide details where vehicle is garaged)*

Trading Name:
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 * Do you have |
| <input type="checkbox"/> Packer | <input type="checkbox"/> * Childcare Centre } a F.S.P? |
| <input type="checkbox"/> Storage | <input type="checkbox"/> * Meals-on-Wheels <input type="checkbox"/> |
| <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"/> Home delivery | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> B & B / Breakfast / Lunch / Dinner (circle) |

Other _____

Produce, Process or Manufacture any of the Following Foods? (Please tick *all* applicable boxes)

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

NOTE:

- **“F.S.P”**. is a Food Safety Plan, which is required when preparing food for Vulnerable Persons.
- **“Process”** includes an activity conducted to prepare food such as chopping, cooking, thawing washing, heating, fermenting and pasteurising.
- **“Ready to eat”** means food that is ordinarily consumed in the same state as which it is sold.
- **“Small business”** is one that employs less than 50 people in ‘manufacturing’ or less than 10 in ‘food services’.
- **“Vulnerable Persons”** are defined within Standard 3.3.1 - ANZ Food Standards Code and include aged care, childcare, and Meals-on-Wheels.

Nature of Food Business

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

NB: Process includes an activity conducted to prepare food such as chopping, cooking, thawing washing, heating, fermenting and pasteurising.

Hours of Operation

Mon:	Tues:	Wed:	
Thurs:	Fri:	Sat:	Sun:

Food Recall Contact *(manufacturing, wholesale, importation food business only)*

Name			
Phone		A/H:	Fax:
Email			

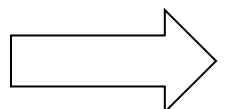
Fit-Out New Food Premises

Application Process

An application for fit-out of a new or amended Food Business must be accompanied by **2 copies** of the following information. ***Please refer to Shire of Northam Fit-out Guide** to ensure compliance with relevant legislation.

- Site plan 1:100 scale
- Floor Plan 1:50 scale
- Sectional Elevations 1:50 scale
- Mechanical Ventilation Plans 1:50 scale
- Hydraulic Plans (plumbing) 1:50 scale
- Relevant Fees (see fee schedule attachment)

PTO



Fees for 2016/17

Food Business Application	Establish New Food Business	Alter Existing Food Business	Annual Registration	Change Owner / Notification
All food businesses (other than Supermarket)	\$233	\$177	Low Risk \$116 Med Risk \$207 High Risk \$288	\$60
Supermarket	\$1,161	\$935	Low Risk \$116 Med Risk \$207 High Risk \$288	\$60
Mobile Vendor	\$177	\$177	Low Risk \$116 Med Risk \$207 High Risk \$288	\$60

Declaration

I, _____ making this application declare that:

- the information contained in this application is true and correct in every particular.
- the required fee is enclosed with this application.

Signature of Applicant: _____ Date: _____

Position: _____
 (**Note** in the case of a company, the signing person must state their position in the company)

**Office
Use Only**

Assessment No: A.....

Amount Paid: \$ _____

GL No: 07143003

Receipt No:

Date Paid: