

FOOD BUSINESS & FOOD VEHICLES APPLICATION FORM

Application Form for the Notification, Registration, Fit-out, Change of Ownership, or Amendments for a Food Business or Food Vehicle

Under the Food Act 2008

I/we make application for (please tick):

<input type="checkbox"/>	Fit-out New Food Business
<input type="checkbox"/>	Food Business Registration
<input type="checkbox"/>	Restoration/amendment existing registered fixed Food Business or Vehicle
<input type="checkbox"/>	Change of ownership to existing registered fixed Food Business or Vehicle
<input type="checkbox"/>	Notification Only

You must include a copy of your appointed Food Safety Supervisor's Certificate and an up-to-date Floor Plan with your application.

New Owner/Business Details

Owners Name:		
Business 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:

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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 _____

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)

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.

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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 _____ |

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			

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Fit-Out New Food Premises

Application Process

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

<input type="checkbox"/>	Site Plan	1:100 scale	<input type="checkbox"/>	Floor Plan	1:50 scale
<input type="checkbox"/>	Sectional Elevations	1:50 scale	<input type="checkbox"/>	Mechanical Ventilation Plans	1:50 scale
<input type="checkbox"/>	Hydraulic Plans (plumbing)	1:50 scale	<input type="checkbox"/>	Relevant Fees	(see fee schedule below)

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.
- the food safety certificate 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)

Lodgement and Payment of Application

As per current financial years [Shire of Northam Fees and Charges*](#)

Food Business Application	Establish New Food Business	Alter Existing Food Business	Annual Registration	Change Owner / Notification
All food businesses (other than Supermarket)	\$268*	\$208*	Low Risk \$135* Med Risk \$241* High Risk \$335*	\$67*
Supermarket	\$1,343*	\$208*	Low Risk \$135* Med Risk \$241* High Risk \$335*	\$67*
Mobile Vendor	\$208*	\$208*	Low Risk \$135* Med Risk \$241* High Risk \$335*	\$67*

PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD

Name on Card: _____

Card Number: _____

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Expiry Date: _____

CCV: _____

Signature: _____