

# Food Registration/Notification Form

## Food Act 2008



Notification  Ceased Trading  Registration  Change of Food Activity

### PROPRIETOR DETAILS

Name			
Postal Address			
Phone (Home)		Phone (Mobile)	
Email Address			
ABN			

### BUSINESS DETAILS

Trading Name							
Business Address							
Postal Address							
Phone							
Email Address							
Preferred Contact							
Number of Full Time Equivalent Staff							
Estimated number of persons engaged in the preparation, manufacturing, processing, cooking or serving of meals							
Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### DESCRIPTION OF USE OF PREMISES (PLEASE TICK ALL THAT APPLY)

Manufacturer / Processor	<input type="checkbox"/>	Retailer	<input type="checkbox"/>	Hotel/Motel/Guest House	<input type="checkbox"/>
Restaurant / Café	<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 Premise	<input type="checkbox"/>	Pub / Tavern	<input type="checkbox"/>
Mobile Food Operator	<input type="checkbox"/>	Snack Bar / Bakery	<input type="checkbox"/>	Market Stall	<input type="checkbox"/>
Caterer	<input type="checkbox"/>	Charitable/Community Organisation	<input type="checkbox"/>	Meals on Wheels	<input type="checkbox"/>
Other (Please specify)					

**PLEASE PROVIDE MORE DETAILS ABOUT YOUR TYPE OF BUSINESS (e.g. butcher, bakery soft drink manufacturer, service station. If you are a catering business, please provide estimate of maximum patrons).**


**LOCATION WHERE FOOD IS PREPARED AND STORED (PLEASE TICK ALL THAT APPLY)**

Commercial Premises	<input type="checkbox"/>	Address	
Residential Premises	<input type="checkbox"/>	Address	
Food Van	<input type="checkbox"/>	Garaged Address	
Food Transport Vehicle	<input type="checkbox"/>	Garaged Address	
Vehicle Make		Vehicle Model	Registration

**WILL YOU PROVIDE, PRODUCE OR MANUFACTURE ANY OF THE FOLLOWING?  
(TICK ALL THAT APPLY)**

Prepared, ready to eat meals	<input type="checkbox"/>	Meat pies, sausage rolls, hot dogs	<input type="checkbox"/>	Dairy	<input type="checkbox"/>
Frozen Meals	<input type="checkbox"/>	Sandwiches, rolls	<input type="checkbox"/>	Prepared Salads	<input type="checkbox"/>
Raw meat, poultry or seafood	<input type="checkbox"/>	Confectionary	<input type="checkbox"/>	Soft Drinks, juices	<input type="checkbox"/>
Processed meat products	<input type="checkbox"/>	Infant or baby food	<input type="checkbox"/>	Raw fruit or vegetables	<input type="checkbox"/>
Fermented meat products	<input type="checkbox"/>	Eggs or egg products	<input type="checkbox"/>	Processed fruit or vegetables	<input type="checkbox"/>
Other (please specify)					

**WILL YOU PROVIDE, PRODUCE OR MANUFACTURE ANY OF THE FOLLOWING?  
(TICK ALL THAT APPLY)**

Aioli	<input type="checkbox"/>	Bean Sprouts	<input type="checkbox"/>	Dried Cured Meats	<input type="checkbox"/>
Fermented Foods (Kombucha)	<input type="checkbox"/>	Hollandaise	<input type="checkbox"/>	Oysters	<input type="checkbox"/>
Pate	<input type="checkbox"/>	Sushi	<input type="checkbox"/>	Tiramisu	<input type="checkbox"/>

**CHECKLIST OF REQUIRED INFORMATION****Food Businesses such as restaurants, cafes, etc. are required to provide:**

<input type="checkbox"/>	Menu
<input type="checkbox"/>	Evidence of Food Handler Training (Food Standards Code – Standard 3.2.2 Clause 3(1))

**Food Businesses intending to manufacture food, including preparing and handling low risk foods for sale from residential home, are required to provide:**

<input type="checkbox"/>	Detailed recipes (including quantity of ingredients)
<input type="checkbox"/>	Manufacturing process explanations with temperature and/or time used for each processing/cooking step
<input type="checkbox"/>	Food Storage Details
<input type="checkbox"/>	Cleaning procedures
<input type="checkbox"/>	Product shelf life determination (if required)
<input type="checkbox"/>	Details of product labelling
<input type="checkbox"/>	Food Recall Procedure
<input type="checkbox"/>	Evidence of Food Handler Training (Food Standards Code – Standard 3.2.2 Clause 3(1))

SIGNATURE

DATE

Fees apply for the assessment and registration of food businesses. All fees must be paid prior to approval being issued, unless you are an exempt from paying fees. Please refer to the Shire's current Fees and Charges Schedule which is reviewed on an annual basis.