

Notification/Registration Form for Food Business

Food Act 2008

Proprietor/s Name: <i>(as per ABN/ACN)</i>		
Address:		
ABN/ACN:		
Entity Type: <input type="checkbox"/> Sole Trader <input type="checkbox"/> Family Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Other		
Phone:	A/H:	Fax:
Email:		
Primary language spoken:	Number of equivalent full time staff:	

Food Business details *(if food vehicle/temporary food business please provide details of where the vehicle is garaged)*

Trading Name:	
Address of Premises:	
Phone:	Mobile:
Email:	
Name and title of person in charge: <i>(if different from proprietor)</i>	
Details of food vehicle: <i>(make/model/registration plate)</i>	
Details of any associated premises:	



1. Food Type and Intended Use by Customer

	Yes	No
Do you provide, produce or manufacture food that is ready-to-eat by the customer without further processing or cooking to destroy germs e.g. oysters, cold smoked seafood?		

Select the food types that your business provides, produces or manufactures *(tick all boxes that apply)*

High Risk Foods:

- | | |
|---|--|
| <input type="checkbox"/> Raw meat, poultry or seafood | <input type="checkbox"/> Fresh filled pasta, sandwiches or rolls |
| <input type="checkbox"/> Milk or milk products | <input type="checkbox"/> Cooked rice or lasagne |
| <input type="checkbox"/> Processed meat, poultry or seafood
eg: salami, meat pies, sausage rolls etc | <input type="checkbox"/> Tofu |
| | <input type="checkbox"/> Other (specify) _____ |

Medium Risk Foods:

- | | |
|---|--|
| <input type="checkbox"/> Prepared salads | <input type="checkbox"/> Pasteurised milk, dairy products |
| <input type="checkbox"/> Egg or egg products | <input type="checkbox"/> Canned meat |
| <input type="checkbox"/> Milk based confectionery | <input type="checkbox"/> Processed fruit, vegetables or juices |
| <input type="checkbox"/> Raw fruit and vegetables | <input type="checkbox"/> Other (specify) _____ |

Low Risk Foods:

- | | |
|--|--|
| <input type="checkbox"/> Fats or oils | <input type="checkbox"/> Sugar based confectionery |
| <input type="checkbox"/> Grains, cereals or breads | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Carbonated drinks | <input type="checkbox"/> Other (specify) _____ |

2. Activity of the Food Business *(tick all boxes that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Butcher | <input type="checkbox"/> School canteen |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Child Care Centre |
| <input type="checkbox"/> Fruit/Vegetables | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Health Foods | <input type="checkbox"/> Café/Tearoom |
| <input type="checkbox"/> Ice Cream | <input type="checkbox"/> Bed and Breakfast |
| <input type="checkbox"/> Fish Shop (wet) | <input type="checkbox"/> Caterer |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Seniors Centre, Nursing Home |
| <input type="checkbox"/> Fast Food/Take away | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Bar/Tavern (no food handling) | <input type="checkbox"/> Club (social, sporting etc) |
| <input type="checkbox"/> Confectionery | <input type="checkbox"/> Function Centre |
| <input type="checkbox"/> Service Station | <input type="checkbox"/> Other (specify) _____ |

Please provide more details about your type of business (cuisine and food handling activities):

If business is a catering business, please provide maximum patrons estimate



4. For Business 'Categorisation':	Yes	No
<ul style="list-style-type: none"> Will your business handle PHF (e.g. meat, dairy, eggs, cut fruit/veggies, tofu, cooked rice/pasta) and sell it as ready-to-eat PHF? 	(continue below)	(No category, skip to Qn 5)
<ul style="list-style-type: none"> Is the process limited to slicing, weighing, repackaging, reheating or hot holding? 	(Category 2)	(Category 1)
*PHF = foods to be kept in the fridge <5°C (or kept hot >60°C) for food safety.		

	Yes	No
5. Catering: Do you sell ready-to-eat food at a different location from where it is prepared?		
6. Method of Processing: is most food you provide to customers cooked (or otherwise treated) prior to sale to kill germs?		
7. Customer Base:		
<ul style="list-style-type: none"> Are you a food manufacturer employing less than 50 people? 		
<ul style="list-style-type: none"> Are you a services industry employing less than 10 people? 		
<ul style="list-style-type: none"> Are you a charitable (not for profit) organisation? 		
<ul style="list-style-type: none"> Do you sell <u>only</u> low risk pre-packaged foods e.g. confectionery, soft drinks? 		
8. At Risk Groups: Do you directly supply or manufacturer food for organisations that cater to vulnerable groups such as nursing homes, hospitals and childcare centres etc.?		
9. Food Safety Program: Does your business have an auditable, complying Food Safety Plan?		
Name of the Food Safety Plan:		

10. Attach with application

<input type="checkbox"/> Floor plan with full layout included	<input type="checkbox"/> Application to Prepare Food for Sale in a Residential Premises (<i>ONLY if required</i>)
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Declaration: I, the person making this application declare that:

- The information contained in this application is true and correct in every particular

Signature of applicant: _____ **Date** _____

Position in the company*: _____

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

Privacy Statement: The information provided on this notification will be used to determine the risk classification of your food business in accordance with the Food Act 2008. The form is subject to the provisions of the *Freedom of Information Act 1992*.