

Food Business Application Form



77 Wogolin Road
 PO Box 19
 Wickepin WA 6370
 Phone No. 9888 1005
 Email: admin@wickepin.wa.gov.au

Food Act 2008 (WA)

Notification/Registration Form

PROPRIETOR/BUSINESS DETAILS

| | | | |
|------------------|--|------------------|-------------|
| Proprietor Name | | | |
| Business Address | | | |
| Postal Address | | | |
| Telephone No | | Mobile No | |
| Email Address | | | |
| ABN | | Primary Language | No of Staff |

PREMISES DETAILS

(If food vehicle/temporary food business please provide details of where the vehicle is garaged)

| | | | |
|--------------------------|--|-----------|--|
| Trading Name | | | |
| Telephone No | | Mobile No | |
| Email Address | | | |
| Name of person in Charge | | | |
| Details of Food Vehicle | | | |
| Details of Premises | | | |
| | | | |

DESCRIPTION OF USE OF PREMISES

Please tick all applicable boxes (more than one may apply)

| | |
|---|--|
| <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 |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Charitable/Community Organisation |
| <input type="checkbox"/> Meals-On-Wheels | <input type="checkbox"/> 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 the estimated number of patrons)

Please tick all Applicable Boxes

| | |
|---|---|
| <input type="checkbox"/> Prepared, ready to eat table meals | <input type="checkbox"/> Confectionary |
| <input type="checkbox"/> Frozen Meals | <input type="checkbox"/> Infant or Baby foods |
| <input type="checkbox"/> Raw meat, poultry or seafood | <input type="checkbox"/> Bread, pastries or cakes |
| <input type="checkbox"/> Processed meat, poultry or seafood | <input type="checkbox"/> Egg or Egg products |
| <input type="checkbox"/> Fermented meat products | <input type="checkbox"/> Dairy Products |
| <input type="checkbox"/> Meat pies, sausage rolls or hot dogs | <input type="checkbox"/> Prepared Salads |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Raw Fruit of Vegetables |
| <input type="checkbox"/> Processed fruit or vegetables | <input type="checkbox"/> Soft drinks or Juices |
| <input type="checkbox"/> Other | |

NATURE OF FOOD BUSINESS

| | |
|---|--------|
| Are you a small business ¹ ? | Yes/No |
| Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer? | Yes/No |
| Do you process the food that you produce to provide before sale or distribution? | Yes/No |
| Do you directly supply or manufacture for organisations that cater to vulnerable people ² ? | Yes/No |
| To be answered by manufacturing / processing businesses only | |
| Do you manufacture or produce products that are not shelf stable? | Yes/No |
| Do you manufacture or produce fermented meat products such as salami? | Yes/No |
| To be answered by food services and retail businesses only (including charitable and community organisations, market stalls and temporary food premises) | |
| Do you sell ready-to-eat ³ food at a different location from where it is prepared? | Yes/No |

HOURS OF OPERATION

| | | | |
|-----------|--|----------|--|
| Monday | | Friday | |
| Tuesday | | Saturday | |
| Wednesday | | Sunday | |
| Thursday | | | |

RECALL CONTACT

| | | | |
|---------------|--|-----------|--|
| First Name | | | |
| Surname | | | |
| Telephone No | | Mobile No | |
| Email Address | | | |

DECLARATION

I (Full name of proprietor / business) _____

Declare that the information contained in this application is true and correct in every particular.

| | |
|----------------|-----------|
| Signature..... | Date..... |
|----------------|-----------|

¹ Is a business that employs less than 50 people in the ‘manufacturing sector’ or less than 10 people in the ‘food services’ sector

² Standard 3.3.1 Australia New Zealand Food Standards

³ ‘Ready to eat’ food means food that is ordinarily consumed in the same state in which it is sold