

## FOOD BUSINESS NOTIFICATION/REGISTRATION FORM *FOOD ACT 2008*

### Food Business Details

Trading Name of Food Business:	
Food Business Address:	
Postal Address:	
Business Ph:	Mobile:
Business Email:	
ABN:	

### Food Business Proprietors Details

Title:	Mr	Mrs	Ms	Other
Name(s) of Proprietor: <i>Name(s) will appear on Certificate of Registration if applicable.</i>	Proprietor 1		Proprietor 2	
Address(es) of Proprietors:				
Proprietor Email Address:				
Proprietor Ph:				
Preferred Contact Person:				

#### Please tick all that apply –

Locations for preparing or storing food (more than 1 may apply) -

- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Premises     | Address: _____                               |
| <input type="checkbox"/> Residential Premises    | Address: _____                               |
| <input type="checkbox"/> Food van                | Garage address: _____<br>Number plate: _____ |
| <input type="checkbox"/> Food transport vehicles | Garage address: _____<br>Number plate: _____ |

Labelling	<input type="checkbox"/> Producing own labels	<input type="checkbox"/> Selling already packaged food
Transporting food	<input type="checkbox"/> Via a food transport vehicle	<input type="checkbox"/> Via a passenger vehicle
Activities	<input type="checkbox"/> Catering for groups	<input type="checkbox"/> Child care centre, aged care, delivered meals business

<b>Please provide a summary of all food products to be sold and approximate quantities (or attach menu /product list)</b> e.g. packaged foods, jams, cakes, chutney, sandwiches, soup, bread, meat, ready to eat meals, coffee, smoothies, salads, seafood, chicken, ice-cream, etc.	
	Quantity

<b>Please tick if making or selling any of the following foods –</b>			
<input type="checkbox"/> Aioli, Hollandaise, Tiramisu	<input type="checkbox"/> Fermented foods (ie. kombucha)	<input type="checkbox"/> Dried cured meats	
<input type="checkbox"/> Oysters	<input type="checkbox"/> Pâté	<input type="checkbox"/> Bean sprouts	<input type="checkbox"/> Sushi

**Please provide a copy of your food handler training qualifications or an outline of your food safety experience:**

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**How many food handlers will be working in the business?** \_\_\_\_\_

**The Shire of Nannup provides free access to the FoodSafe training course for registered food business owners and employees which can be accessed at <https://www.ehawa.org.au/events/event/foodsafety-online>. Please contact the Shire prior to registering so that a voucher for the cost can be provided to you.**

### **CHECKLIST OF REQUIRED INFORMATION TO BE INCLUDED WITH THIS APPLICATION:**

- ☐ Plan layout of food premise
- ☐ Details of proposed opening hours
- ☐ List of equipment (fridge/freezer, oven hot plate, deep fryer etc.)
- ☐ List of facilities (hand washing facilities, sink, food storage and ventilation etc.)

**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:** \_\_\_\_\_

**In the case of a company, please state your position:** \_\_\_\_\_