



Record No: _____

File No: _____

FOOD ACT 2008 NOTIFICATION AND REGISTRATION FORM

PROPRIETOR/BUSINESS DETAILS			
Proprietor Name:			
Business Name:			
ABN:			
Postal Address:			
Phone No:		Mobile No:	
Email Address:			
Website:			
Primary Language Spoken:		Number of equivalent full time staff:	

PREMISES DETAILS:			
Address of premises:			
Phone No:		Mobile No:	
Email:			
Name of Person in charge:			
Details of food vehicle:	Make:	Model:	Reg:
Details of any associate premises:			

PROPOSED STALL:	
Date(s) of Operation:	
Hour(s) of Operation:	
Location:	

DESCRIPTION OF USE OF PREMISES: Please tick all boxes that apply.	
☐ Manufacturer/processor	☐ Hotel/motel/guesthouse
☐ Retailer	☐ Pub/tavern
☐ Food Service	☐ Canteen/kitchen
☐ Distributor/Importer	☐ Hospital/nursing home
☐ Packer	☐ Childcare centre
☐ Storage	☐ Home delivery
☐ Transport	☐ Temporary food premises
☐ Restaurant/Café	☐ Mobile food operator
☐ Snack bar/takeaway	☐ Market stall
☐ Caterer	☐ Charitable or community organisation
☐ Meals on wheels	☐ 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.

DO YOU PROVIDE, PRODUCE OR MANUFACTURE ANY OF THE FOLLOWING FOODS?

Please tick all boxes that apply.

- | | |
|--|---|
| ☐ Prepared, ready to eat ¹ table meals | ☐ Confectionary |
| ☐ Frozen meals | ☐ Infant or baby foods |
| ☐ Raw meat, poultry or seafood (i.e. oysters) | ☐ Bread, pastries or cakes |
| ☐ Processed meat, poultry or seafood | ☐ Egg or egg products |
| ☐ Fermented meat products | ☐ Dairy products |
| ☐ Meat pies, sausage rolls or hot dogs | ☐ Prepared salads |
| ☐ Sandwiches or rolls | ☐ Other |
| ☐ Soft drinks/juices | |
| ☐ Raw fruit and vegetables | |
| ☐ Processed fruit and vegetables | |

NATURE OF FOOD BUSINESS: Please tick yes or no.

	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 ?		
Only answer if business is manufacturing/processing:		
Do you manufacture or produce products that are not shelf stable?		
Do you manufacture or produce fermented meat products such as salami?		
Only answer if business is food service and retail including charitable, community organisations and market stalls:		
Do you sell ready-to-eat food at a different locations from where it is prepared?		

¹Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

²Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector

³Standard 3.3.1Australia New Zealand Food Standards Code

TRAINING AND EXPERIENCE: Please provide details of;	
Food Safety Training Qualifications Achieved:	
Previous Food Business Experience:	

HOURS OF OPERATION:			
Monday:		Friday:	
Tuesday:		Saturday:	
Wednesday:		Sunday:	
Thursday:			

RECALL CONTACT:			
Name:			
Phone No:		Mobile No:	
Email:			

TEMPORARY FOOD STALL: Please provide the name and address of food premises where food is manufactured or packaged for sale:	
Name of Supplier:	
Address:	

CHECKLIST:	
Required attachments:	
☐ A copy of Business Registration issued by the Ministry of Fair Trading	
Declaration:	
I, the person making this application declare that:	
- The information contained in this application is true and correct - Shire planning and building approval has been obtained prior to lodging this application - Relevant fees have been paid	
Notification of Food Business	\$ 85.00
Registration of Food Business	\$265.00
Food Vehicles all classes inspection fee	\$210.00
Food Business – annual surveillance & monitoring fee - Low	\$130.00
Food Business – annual surveillance & monitoring fee - Med	\$216.00
Food Business – annual surveillance & monitoring fee - High	\$315.00
Signature of applicant: _____	Date: ____/____/____
(In the case of a company, the signing officer must state position in the company)	
Position: _____	

Privacy Statement

The Shire of York complies with the Federal *Privacy Act 1988*. The information contained in this form will not be disclosed to any third parties.