

Shire of Esperance

Food Notification/Registration Form

Food Act 2008



Proprietor/Business Details: Notification: Registration: Change Food Business Activity

PROPRIETER/BUSINESS DETAILS (PLEASE PRINT IN BLOCK LETTERS)

PROPRIETOR/s NAME

POSTAL ADDRESS

ABN

WORK PHONE

MOBILE PHONE

A/H PHONE

EMAIL ADDRESS

PREFERRED CONTACT PERSON

NUMBER OF EQUIVALENT FULL TIME STAFF

PREMISES DETAILS (if food vehicle/temporary food business please provide details of where the vehicle is garaged)

TRADING NAME

BUSINESS ADDRESS

POSTAL ADDRESS (if different from Business Address)

BUSINESS PHONE

MOBILE PHONE

EMAIL ADDRESS

NAME OF PERSON/s IN CHARGE AND TITLE (if different from Proprietor)

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:
<input type="checkbox"/>	Food Transport vehicle/s Number	Garage Address:

VEHICLE MAKE

VEHICLE MODEL

VEHICLE REGISTRATION

Please tick all that apply - Further Information

Labelling	<input type="checkbox"/>	Producing own labels	<input type="checkbox"/>	Selling already packaged food
Transporting Food	<input type="checkbox"/>	In food transport vehicle	<input type="checkbox"/>	In vehicle used for passengers
Activities	<input type="checkbox"/>	Catering for groups	<input type="checkbox"/>	Child Care; Aged Care; Delivered Meals Food Business

DESCRIPTION OF USE OF PREMISES (PLEASE TICK ALL BOXES THAT APPLY *there may be more than one*)

<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/cafe'	<input type="checkbox"/>	Mobile food operator
<input type="checkbox"/>	Snack bar/takeway	<input type="checkbox"/>	Market stall
<input type="checkbox"/>	Caterer	<input type="checkbox"/>	Charitable or community organisation
<input type="checkbox"/>	Meals on-wheels	<input type="checkbox"/>	Other

SUMMARY OF FOOD PRODUCTS

Please provide a summary of all food products to be sold and approximate quantities or attach menu/product list.

eg: packaged foods, jams, cakes chutney, sandwiches, soup, bread, meat, ready to eat meals, coffees, smoothies, salads, seafood, check, ice-cream

PRODUCT	QUANTITY

Please tick if planning to make or sell any of the following foods:

<input type="checkbox"/>	Aioli	<input type="checkbox"/>	Oysters
<input type="checkbox"/>	Hollandaise	<input type="checkbox"/>	Pate
<input type="checkbox"/>	Tiramisu	<input type="checkbox"/>	Bean Sprouts
<input type="checkbox"/>	Fermented foods (kombucha)	<input type="checkbox"/>	Sushi
<input type="checkbox"/>	Dried cured meats	<input type="checkbox"/>	Other

Food manufacturers including businesses preparing and handling low risk foods for sale from home are to provide:

Detailed recipes (including quantities of ingredients); detailed manufacturing process explanations with temperature and time used for each cooking steps; food storage; cleaning procedures; product shelf life determination (recommended to be done by NATA accredited laboratory); product labelling; food recall procedures. A separate document will need to be attached.



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

Please tick **ALL** boxes that apply

<input type="checkbox"/>	Prepared, ready to eat table meals	<input type="checkbox"/>	Confectionary	<input type="checkbox"/>	Soft drinks/juices
<input type="checkbox"/>	Frozen meals	<input type="checkbox"/>	Infant or baby foods	<input type="checkbox"/>	Raw fruit and vegetables
<input type="checkbox"/>	Raw meat, poultry or seafood (ie oysters)	<input type="checkbox"/>	Bread, pastries or cakes	<input type="checkbox"/>	Processed fruit and vegetables
<input type="checkbox"/>	Processed meat products	<input type="checkbox"/>	Egg or egg products		
<input type="checkbox"/>	Fermented meat products	<input type="checkbox"/>	Diary 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"/>	Other:		

HOURS OF OPERATION

MONDAY		FRIDAY	
TUESDAY		SATURDAY	
WEDNESDAY		SUNDAY	
THURSDAY			

RECALL CONTACT

FIRST NAME	SURNAME		
<input type="text"/>	<input type="text"/>		
FAX NUMBER	WORK PHONE	MOBILE PHONE	A/H PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS			
<input type="text"/>			

INFORMATION TO BE SUBMITTED

(i) Completed Application for Planning Consent;	<input type="checkbox"/>
(ii) Finishes of floors, walls, ceilings, benches, shelves and other surfaces;	<input type="checkbox"/>
(iii) Lighting and electrical installations - types, locations;	<input type="checkbox"/>
(iv) Location and cross-sectional details of all fixtures and fittings, including construction materials;	<input type="checkbox"/>
(v) Plumbing design and location (including sinks/services, floor wastes/bucket traps, grease traps and sanitary conveniences;	<input type="checkbox"/>
(vi) Refrigeration details such as freezers, chillers, cool rooms, display fridge's etc;	<input type="checkbox"/>
(vii) Position of exhaust canopies with details and specifications of hood fabrication and performance;	<input type="checkbox"/>
(viii) Details of refuse facilities (rubbish bins, bin storage areas)	<input type="checkbox"/>
(ix) Toilets and change rooms (including disabled facilities where required);	<input type="checkbox"/>
(x) A floor plan showing the size and use of every room;	<input type="checkbox"/>
(xi) The estimated number of persons, including the proprietor or proprietors, engaged in the preparation, manufacturing, processing, cooking or serving of meals	<input type="checkbox"/>

DECLARATION

1, The person making this application declare that:

- the information contained in this application is true and correct in every particular
- the prescribed fee of \$60/\$165 (circle appropriate) is enclosed with this application

SIGNATURE OF APPLICANT

DATE

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

OFFICE USE ONLY

RECEIPT CODE	ACCOUNT NUMBER	DETAILS	AMOUNT
594		Notification	\$ 60.00
594		Registration	\$ 165.00
500		Surveillance fee (prorata)	
	TOTAL		