# **FOOD ACT 2008 (WA)**

# FOOD BUSINESS NOTIFICATION FORM / APPLICATION FOR REGISTRATION

# **PREMISES DETAILS**

Trading Name:						
Address of Premises (if food vehicle/temporary food business please provide details of where the vehicle is garaged):						
House No:	Street Name:					
Suburb:			Postco	ode:		
Phone:						
E-mail:						
Postal Address ( ALL correspondenc	e will be sent to this a	address):				
House No:	Street Name:					
Suburb:			Postco	ode:		
Name of person and position in charg	ge (if not the propriet	or):				
Details of food vehicle (make, model,	registration plate):					
Details of any associated premises:						
PROPRIETOR DETAILS Proprietor 1						
Name of Proprietor: First Name (or corporate name):						
Mr/Mrs/Ms/Miss Last or Family Name:						
Residential Address:						
ABN:						
Phone:	Mobile:		•		Fax	:
Email:						
Drivers Licence No:		Expiry Da	te:			Date of Birth:
Primary language spoken:	Primary language spoken:  Number of equivalent full time staff:				valent full time staff:	

Document Set ID: 5878270 Version: 4, Version Date: 03/08/2023

Proprietor 2									
Name of Proprietor:	First Name (or corporate name):								
Mr/Mrs/Ms/Miss	Last or Fan	nily Nan	ne:						
Residential Address:									
Postal Address ( ALL cor	respondenc	e will b	e sent to this a	address):					
House No:		Street	Name:						
Suburb:	Postcode:								
ABN:	ABN:								
Phone:			Mobile:				Fax:		
Email:									
Drivers Licence No: Expiry D			Expiry Da	te:			Date of Birth:		
Primary language spoken:					Number of equivalent full time staff:				
DESCRIPTION OF USE OF PREMISES (Tick all boxes that apply – there may be more than one)									
<ul><li>Primary Produ</li></ul>	ction		<ul> <li>Primary Production</li> <li>Hotel/motel/guesthouse/B&amp;B</li> </ul>						

 Manufacturer/processor • Pub/tavern Retailer Canteen/kitchen Food service Hospital/nursing home Distributor/importer Childcare centre Packer Home delivery Storage Temporary food premises 0 Mobile food operator Transport Restaurant/café Market stall 0 Snack bar/takeaway • Charitable or community organisation Caterer Meals-on-wheels Other:

# PLEASE PROVIDE MORE DETAILS ABOUT YOUR TYPE OF BUSINESS (For example: butcher, seafood processor, service station, bakery - preparing and baking bread, pastries, cakes, pies and sausage rolls. Pies and sausage rolls are heated for direct sale. If business is a catering business, estimate maximum patrons)

## DO YOU PROVIDE, PRODUCE OR MANUFACTURE ANY OF THESE FOODS? (Tick all boxes that apply)

- Prepared, ready to eat¹ table meals
- Frozen meals
- Raw meat, poultry or seafood (i.e. oysters)
- Processed meat, poultry or seafood
- Fermented meat products
- Meat pies, sausage rolls or hot dogs
- Sandwiches or rolls
- Soft drinks/juices/beverages
- Other:

- Raw fruit and vegetables
- Processed fruit and vegetables
- Confectionery
- Infant or baby foods
- Bread, pastries or cake
- Egg or egg products
- Dairy products
- Prepared salads

### **NATURE OF FOOD BUSINESS**

	Yes	No
Are you a small business <sup>2</sup> ?		
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 <sup>3</sup> ?		

<sup>&</sup>lt;sup>1</sup> 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

<sup>&</sup>lt;sup>2</sup> Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector

To be answered by manufactu	Yes	No						
Do you manufacture or produce prod								
Do you manufacture or produce ferm	ented meat products such as s	salami?						
	To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):							
Do you sell ready-to-eat food at a diff	erent location from where it is	prepared?						
HOURS OF OPERATION								
Monday	Friday							
Tuesday	Saturday							
Wednesday	Sunday							
Thursday								
RECALL/EMERGENCY CONTA	ACT:							
First Name:								
Last or Family name:								
Phone:	Mobile:	Fax:						
E-mail:								
Declaration:								
I, the person completing this no provided are true and correct in e		registration form declare	that all	details				
Date Signature of Applicant								
Position:								
	mpany, the signing officer must s			_				
	- <del>-</del>	. ,						

 $<sup>^{3}</sup>$  Standard 3.3.1 Australia New Zealand Food Standards Code

Please forward the application fee and your completed notification/application for registration form to the City of Gosnells, 2120 Albany Highway, Gosnells WA 6110 or by mail to PO Box 662, Gosnells WA 6990 [For clarification or assistance please contact City of Gosnells Health Services on 9397 3000]

APPLICATION FEES	Number	Rate	Total
Application for Registration Fee – New Premises		\$197	
Application for Registration Fee – Existing Premises		\$71	
Notification fee (for Exempt premises only)		\$61	
		Total:	

ANNUAL RISK ASSESSMENT/INSPECTION FEES*						
High Risk	\$479 Primary Classification	\$238 per additional classification/s				
Medium Risk	\$414 Primary Classification	\$207 per additional classification/s				
Low Risk	\$238 Primary Classification	\$120 per additional classification/s				
Very Low Risk	No fee					
School Canteen	50% concession					
Community Association	No fee					
Mobile Food Business	\$105					
Home Business	\$105					

<sup>\*</sup> Fees pro rata (calculated on a monthly basis, or part thereof, for any period prior to 30 June each year)