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:	use No: Street Name:						
Suburb:	Suburb: Postcode:						
Phone:							
E-mail:							
Postal Address (ALL correspondence	ce will be sent to this	address):					
House No:	Street Name:						
Suburb:			Postco	ode:			
Name of person and position in char	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 Dat	te:			Date of Birth:	
Primary language spoken: Number of equivalent full time staff:					valent full time staff:		

Proprietor 2

Name of Proprietor: First Name (or corporate name):										
Mr/Mrs/Ms/Miss Last or Family Name:										
Res	Residential Address:									
Pos	stal Address (ALL correspondence	will be	e ser	nt to this a	address):					
Ноц	House No: Street Name:									
Suk	ourb:					Postc	ode:			
AB	N:									
Pho	one:		Мо	bile:		ı		Fax	:	
Em	Email:									
Driv	vers Licence No:				Expiry Da	te:			Date of Birth:	
Primary language spoken: Number of equivalent full time staff:										
DE	SCRIPTION OF USE OF	PRE	MIS	SES (Tid	ck all boxe	s that a	pply – there	e ma	y be more than one)	
	Primary Production			Hotel/m	notel/gue	sthou	se/B&B			
	Manufacturer/processor	or □ Pub/tavern								
	Retailer	☐ Canteen/kitchen								
	Food service	☐ Hospital/nursing home								
	Distributor/importer	☐ Childcare centre								
	Packer	☐ Home delivery								
	Storage	☐ Temporary food premises								
	Transport	☐ Mobile food operator								
	Restaurant/café	☐ Market stall								
	Snack bar/takeaway			Charita	ble or co	mmuı	nity organ	nisat	ion	
	□ 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 MANUFACTU	RE ANY (OF THESE FOODS? (Tick all boxes that apply)					
	Prepared, ready to eat ¹ table meals		Raw fruit and vegetables					
	Frozen meals		Processed fruit and vegetables					
	Raw meat, poultry or seafood (i.e. oysters)		Confectionery					
	Processed meat, poultry or seafood		Infant or baby foods					
	Fermented meat products		Bread, pastries or cake					
	Meat pies, sausage rolls or hot dogs		Egg or egg products					
	Sandwiches or rolls		Dairy products					
	Soft drinks/juices/beverages		Prepared salads					
	Other:							
NA	TURE OF FOOD BUSINESS							

NATURE OF FOOD BUSINESS		
	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 ?		

 $^{^{\ 1}}$ 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

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

³ Standard 3.3.1 Australia New Zealand Food Standards Code

To be answered by manufacturing/processing businesses only:					Yes	No
Do you manufacture or produc	ce product	s that are not	shelf stable?			
Do you manufacture or produc	ce ferment	ed meat produ	ucts such as salami?	?		
To be answered by fo community organisation					charitat	ole and
Do you sell ready-to-eat food	at a differe	nt location fro	om where it is prepar	ed?		
HOURS OF OPERATION						
Monday			Friday			
Tuesday			Saturday			
Wednesday			Sunday			
Thursday						
RECALL/EMERGENCY C	ONTAC	Γ:				
Last or Family name:						
Phone:	Mo	obile:		Fax:		
E-mail:						
Declaration: I, the person completing provided are true and corre			olication for registi	ration form declare	that all	details
/	_/					
Date	Date Signature of Applicant					
	Posi	tion:				
In the case	of a compa	ny, the signing	officer must state pos	sition in the company		

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		\$207	
Application for Registration Fee – Existing Premises		\$75	
Notification fee (for Exempt premises only)		\$64	
		Total:	

ANNUAL RISK ASSESSMENT/INSPECTION FEES*						
High Risk	\$503 Primary Classification	\$250 per additional classification/s				
Medium Risk	\$435 Primary Classification	\$217 per additional classification/s				
Low Risk	\$250 Primary Classification	\$126 per additional classification/s				
Very Low Risk	No fee					
School Canteen	50% concession					
Community Association	No fee					
Mobile Food Business	\$110					
Home Business	\$110					

^{*} Fees pro rata (calculated on a monthly basis, or part thereof, for any period prior to 30 June each year)