

Application for Food Act 2008 Notification/Registration

Food Business Details

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

Food Business Proprietors Details

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> 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) -

- Commercial Premises Address: _____
- Residential Premises Address: _____
- Food van: Garage address _____ Number plate: _____
- Food transport vehicles Number _____ Garage address _____
- Temporary Food Stall

Labelling - Producing own labels (we may ask for copies of labels) Selling already packaged food

Transporting food - In food transport vehicle In vehicle used for passengers

Activities – Catering for groups Child Care Centre, Aged Care, Delivered Meals food business

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

	Quantity

Please tick if making or selling any of the following foods –

- Aioli, Hollandaise, Tiramisu, Fermented foods (kombucha) Dried cured meats (biltong, dried sausage)
 Oysters Pate' Bean sprouts Sushi

Please provide copy of food handler training qualifications or outline of food safety experience

– (City of Busselton provides free online food safety training course FoodSafe.

How many food handlers will be working in the business?

CHECKLIST OF REQUIRED INFORMATION TO BE INCLUDED WITH THIS APPLICATION:

- Plan layout of food premise
- 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 _____

SCHEDULE OF FEES - The following fees are payable after application an invoice will be issued

- Application for Notification: \$74
- Application for Registration: High/Medium Risk \$262, Low Risk \$142
and
- Service Fee (pro rata applies): High Risk \$482, Medium Risk \$240, Low Risk \$111