

Food Act 2008 Notification/Registration Form



Proprietor/Business Details	
Proprietor Name:	Phone _____
Postal Address	_____
ABN	_____
Email	_____
Hours of operation	# of full time staff _____

Premise Details	
Trading Name	_____
Business trading address	_____
Address where vehicle garaged (if different)	_____
Phone	Email _____
Name of Person in charge and title:	_____
Details of food vehicle (make, model, registration plate)	_____

Description of premises (please tick all boxes that apply)	
<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/café	<input type="checkbox"/> Mobile food operator
<input type="checkbox"/> Snack bar/takeaway	<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

Office Use Only		Records
Date Received		
Accepting Officer		
Amount Paid	\$	
Receipt #		
Premises Code #		

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Please provide more details about your type of business:

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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"/>	Processed fruit and vegetables
<input type="checkbox"/>	Frozen meals	<input type="checkbox"/>	Confectionary
<input type="checkbox"/>	Raw meat, poultry or seafood	<input type="checkbox"/>	Infant or baby foods
<input type="checkbox"/>	Fermented meat products	<input type="checkbox"/>	Bread, pastries or cakes
<input type="checkbox"/>	Meat pies, sausage rolls or hotdogs	<input type="checkbox"/>	Egg or egg products
<input type="checkbox"/>	Sandwiches or rolls	<input type="checkbox"/>	Dairy products
<input type="checkbox"/>	Soft drinks/juices	<input type="checkbox"/>	Prepared salads
<input type="checkbox"/>	Raw fruit and vegetables	<input type="checkbox"/>	Other

Nature of food business

Are you a small business?	<input type="checkbox"/>
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer	<input type="checkbox"/>
Do you process the food that you produce or provide before sale or distribution	<input type="checkbox"/>
Do you directly supply or manufacture food for organisations that cater to vulnerable persons?	<input type="checkbox"/>
Do you manufacture produce products that are not shelf stable?	<input type="checkbox"/>
Do you manufacture or produce fermented meat products such as salami?	<input type="checkbox"/>
To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):	<input type="checkbox"/>
Do you sell ready-to-eat food at a different location from where it is prepared?	<input type="checkbox"/>

Fees

Application fee	\$110
Change of Ownership re-registration fee	\$110
Notification fee	\$33

Inspection Fee

Low Risk	\$87
Medium Risk	\$173
High Risk	\$271

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You must notify the Shire of Capel within 7 days of any of the following occurring:	
(a)	The food business ceases to be conducted at the premise
(b)	The food business is sold
(c)	Any change is made to the activities carried out for the purposes of food business that is likely to affect its priority classification

Declaration	
I, the person making this application declare that the information in this application is true and correct in every particular.	
Signature of applicant _____	Date _____