

# Food Act 2008 Notification/Registration Form



Proprietor/Business details	
Proprietor name:	Phone _____
Postal address	_____
ABN	_____
Email	_____
Hours of operation	# of full time staff _____

Premises 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:

Do you provide, produce or manufacture any of the following foods? (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 – tick all those that apply

*To be answered by all businesses*

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Are you a small business?   |
| <input type="checkbox"/> | The food that you provide, produce or manufacture is ready-to-eat when sold to the customer.  |
| <input type="checkbox"/> | You produce or provide your own food to process before sale or distribution.  |
| <input type="checkbox"/> | You directly supply or manufacture food for organisations that cater to vulnerable people (for example people who are sick, the elderly, children under 5, pregnant women). |
| <input type="checkbox"/> | You only sell packaged food that does not require refrigeration.  |

*To be answered by manufacturing businesses*

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | You manufacture or produce products that are not shelf stable.     |
| <input type="checkbox"/> | You manufacture or produce fermented meat products such as salami. |

*To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises)*

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | You sell ready-to-eat food at a different location from where it is prepared. |
|--------------------------|---|

## Fees

Fees	
Application fee	\$112
Change of Ownership re-registration fee	\$112
Notification fee	\$34

## Inspection Fee

Inspection Fee	
Low Risk	\$89
Medium Risk	\$177
High Risk	\$276

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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 \_\_\_\_\_