

Application Form: Food Act 2008 Notification/Registration Form



Proprietor/Business Details			
Proprietor Name:		Phone:	
Postal Address:			
ABN:			
Email:			
Hours of operation:		Number 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

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Please provide more details about your type of business

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, wraps 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?	
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 manufacture food for organisations that cater to vulnerable persons?	
Do you manufacture or produce products that are not shelf stable?	
Do 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):	
Do you sell ready-to-eat food at different a location from where it is prepared?	

Fees

New Application for Food Business Registration	\$126.00
Change of Ownership from a previous registered Food Business	\$126.00
Food Business Notification (this fee applies to businesses that are exempt from registration under the <i>Food Act 2008</i>)	\$ 39.00

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Note: Inspection Fee

An inspection fee becomes payable after the business is registered.

You will be invoiced for inspection and administration costs on an annual basis (these can be paid upfront or after the inspections have been performed).

(Note: Inspection Fees changes every financial year, subject to Budget adoption)

\$ 99.00

Fees Inspection Fee – Low Risk

Inspection Fee - Medium Risk

\$198.00

Inspection Fee - High Risk

\$307.50

You do not need to re-apply for a food business registration as this is permanent once issued for the life of a continuing business.

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:

Office Use Only

Records

Date Received:

Accepting Officer:

Amount Paid:

\$

Receipt Number:

Premises Code
Number: