

Food Act 2008 Notification / Registration Form



Proprietor Details <i>(Details of the Sole Trader/Partnership or Company legally responsible for the business. Please note: That Trusts are not considered to be legal entities.)</i>					
Proprietor Name (full names or corporate name):					
Proprietor Residential / Registered Office Address:					
Suburb:		State:		Postcode:	
Proprietor Postal Address (if different from above):					
Suburb:		State:		Postcode:	
ABN:		ACN (if applicable):			
Phone:			Mobile:		
Email:					
Primary Language Spoken:		Number of equivalent full time staff:			
Premises Details <i>(Details of the food business. For food vehicles and temporary food businesses please provide details of where the vehicle/equipment is garaged/stored.)</i>					
Trading Name:					
Address of Premises:					
Suburb:				Postcode:	
Phone:			Mobile:		
Email:					
Name of person in charge and position (if different from Proprietor):					
Details of Food Vehicle (make, model, registration plate):					
Details of any associated premises:					

Description of use of premises – please tick **all** boxes that apply (there may be more than one)

- | | |
|---|---|
| ☐ Manufacturer/Processor | ☐ Hotel/motel/guesthouse |
| ☐ Retailer | ☐ Pub/tavern |
| ☐ Food Service | ☐ Canteen/kitchen |
| ☐ Distributor/Importer | ☐ Hospital/nursing home |
| ☐ Packer | ☐ Childcare centre |
| ☐ Storage | ☐ Home delivery |
| ☐ Transport | ☐ Temporary food premises |
| ☐ Restaurant/Café | ☐ Mobile food operator |
| ☐ Snack Bar/Takeaway | ☐ Market stall |
| ☐ Caterer | ☐ Charitable or community organisation |
| ☐ Meals-on-wheels | ☐ Primary Production |
| ☐ Other | |

Please provide more details about your type of business

(For example: butcher, bakery, seafood processor, soft drink manufacturer, milk vendor, service station. If business is a catering business, please provide maximum patrons estimate)

Do you provide, produce or manufacture any of the following foods? – please tick **all** boxes that apply

- | | |
|--|---|
| ☐ Prepared, ready to eat ¹ table meals | ☐ Confectionary |
| ☐ Frozen meals | ☐ Infant or baby foods |
| ☐ Raw meat, poultry or seafood (i.e. oysters) | ☐ Bread, pastries or cakes |
| ☐ Processed meat, poultry or seafood | ☐ Egg or egg products |
| ☐ Fermented meat products | ☐ Dairy Products |
| ☐ Meat pies, sausage rolls or hot dogs | ☐ Prepared salads |
| ☐ Sandwiches or rolls | ☐ Other: |
| ☐ Soft drinks/juices | |
| ☐ Raw fruit and vegetables | |
| ☐ Processed fruit and vegetables | |

¹ 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

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 manufacture food for organisations that cater to vulnerable persons ³ ?		
To be answered by manufacturing/processing businesses only:	Yes	No
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):	Yes	No
Do you sell ready-to-eat food at a different location from where it is prepared?		
Hours/days/dates of Operation:		
Date/s		
Monday		Friday
Tuesday		Saturday
Wednesday		Sunday
Thursday		
Recall contact:		
First name:		Last name:
Phone:		Mobile:
Email:		

Declaration	
I, the person making this application declare that: - The information contained in this application is true and correct in every particular. - The prescribed fee⁴ will be paid upon receipt of invoice from the City.	
Signature of applicant: <i>(In the case of a Company, the Signing officer <u>must</u> be a director of the company)</i>	
Name and position of applicant: <i>(please print in BLOCK LETTERS)</i>	
Date:	

The information gathered in this form will be used for purposes related to the administration of the *Food Act 2008 (WA)*. In accordance with regulation 51 of the *Food Regulations 2009 (WA)*, certain details (proprietor name and address details) may be made publicly available.

- 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
- 4 \$140 for registration OR \$50 for notification. As this is a prescribed fee under a Government Act, it is GST exempt

Please submit this form and any supporting information and plans to the City of Belmont:

In Person: City of Belmont Civic Centre, 215 Wright Street, Cloverdale
By Mail: City of Belmont Health Services, LMB 379, Cloverdale WA 6985
By Email: belmont@belmont.wa.gov.au

Your personal information is collected by the City of Belmont for the purpose of responding to your enquiry or completing your request for services. For further information, please search <https://www.belmont.wa.gov.au/pris>