



Food Business or Premises Registration

Food Act 2008

Standard 3.3.1 Australia New Zealand Food Standards Code

PROPRIETOR DETAILS

Full Name: _____ RMS Ref No.: _____

Organisation name: _____ ABN: _____

Main Address: _____
(Residential / Premises Address including Suburb and Postcode)

Postal Address: _____
(if different from above)

Phone (H): _____ (M): _____ (W): _____

Email: _____

Primary language spoken: _____ Number of equivalent full-time staff: _____

PREMISES DETAIL

Trading Name: _____

Address: _____
(If food vehicle / mobile food business, please provide details of where the vehicle is garaged)

Contact Phone: _____ Email: _____

Contact Signature: _____ Date: _____

Name of Person in charge and Title *(if different from proprietor)*

Full Name: _____ Title: _____

Contact Phone: _____ Email: _____

Details of food vehicle (make, model, registration plate):

Make: _____ Model: _____ Registration: _____

Details of any associated premises:

Hours of Operation:

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____



Description of use of premises - Please tick all boxes that apply (there may be more than one)

- | | |
|---|---|
| <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 _____ |

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 that apply

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

Nature of Food Business

Yes

No

Are you a small business¹? (*Less than 50 staff manufacturing / 10 serving*)

Is the food that you provide, produce, or manufacture ready-to-eat when sold to the customer? (*can be eaten in the state sold*)

Do you process the food that you produce or provide before sale or distribution?

Do you directly supply or manufacturer food for organisations that cater to vulnerable persons? *Standard 3.3.1 ANZ Food Standards Code*

To be answered by manufacturing/processing businesses only:

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 a different location from where it is prepared?

Recall Contact:

Full Name: _____ Title: _____

Phone (H): _____ (M): _____ (W): _____

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 fee enclosed with this application.

Signature: _____ Date: _____

In the case of a company, the signing officer must state position in the company

Position: _____

The information gathered in this form will be used for purposes related to the administration of the Food Act 2008 (WA).

Date received: _____ Signature of Registration Officer: _____