***![F:\Administration\Templates\Logos\Shire of Katanning Logo April 2016\COLOUR\JPEG\Shire of Katanning_Colour_POS [Hires].jpg]()***

File Number: EM.LC.2

Reference: \_\_\_\_\_\_\_\_

***Food Act 2008* (WA) Notification/Registration Form**

**PART A: FOOD BUSINESS DETAILS**

**Proprietor/Business details**

|  |
| --- |
| Proprietor Name: *(Full names or corporate name)* |
| Postal Address: |
| ABN: |
| Phone: | Mobile: | Fax: |
| Email: |
| Primary language spoken: | Number of equivalent full time staff: |

**Premises details**

|  |
| --- |
| Trading Name:  |
| Address of Premises *(if food vehicle/temporary food business please provide details of where the vehicle is garaged)*: |
| Phone: |
| Email: |
| Name of person in charge and title (if different from proprietor): |
| Details of food vehicle (make, model, registration plate): |
| Details of any associated premises: *(for milking premises include land division, location/lot number, include alternate dairies)* |

**Description of use of premises**

*Please tick* ***all*** *boxes that apply (there may be more than one)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Primary productionManufacturer/processorRetailerFood ServiceDistributor/importerPackerStorageTransportRestaurant/café Snack bar/takeawayCaterer |  | Hotel/motel/guesthousePub/tavernCanteen/kitchenHospital/nursing homeChildcare centreHome deliveryTemporary food premises |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  | Mobile food operator |
|  |  | Market stall |
|  |  | Charitable or community organisationMeals-on-wheels |
|  |  |
|  | 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]](#footnote-1) table mealsFrozen mealsRaw meat, poultry or seafood (i.e. oysters)Processed meat, poultry or seafoodFermented meat productsMeat pies, sausage rolls or hot dogsSandwiches or rollsSoft drinks/juicesRaw fruit and vegetablesProcessed fruit and vegetables |  | ConfectionaryInfant or baby foodsBread, pastries or cakesEgg or egg productsDairy productsPrepared saladsDeep fried foods (chips, fish, etc.)Hamburgers, bacon/egg burgersSteak burgers, etc…Other: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | □□□ |
|  |
|  |

**Nature of food business**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are you a small business[[2]](#footnote-2)? |  |  |
| Is the food that you provide, produce or manufacture ready-to-eat1 when sold to the customer? |  |  |
| 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[[3]](#footnote-3)? |  |  |
| **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? |  |  |

**Hours of operation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Monday |  | Friday |  |
| Tuesday |  | Saturday |  |
| Wednesday |  | Sunday |  |
| Thursday |  |  |

**Recall contact:**

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Phone |  | Mobile: | Fax: |
| 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 is enclosed with this application (see Part B).

**Signature of applicant/s\*:**

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

**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, trading name and address details) may be made publicly available.

**PART B: PAYMENT OF PRESCRIBED FEE OPTIONS**

**Registration fee $140 (not subject to GST)**

[ ]  **By Cheque**

Enclose a cheque or money order made payable to Shire of Katanning and forward payment to:

Shire of Katanning

PO Box 130

Katanning WA 6317

[ ]  **By Credit Card**

Please charge my [ ]  Mastercard [ ]  Visa

Card No [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ]  Card Expiry Date [ ] [ ]  [ ] [ ]

Cardholder’s Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Paid $ \_\_\_\_\_\_\_\_\_\_\_\_

**OR** PAY IN PERSON AT:

**Shire of Katanning Offices**

16-24 Austral Terrace

Katanning WA 6317

**ENQUIRES**

**Shire of Katanning**

16-24 Austral Terrace

Katanning WA 6317

Ph: (08) 9821 9999

Fax: (08) 9921 9998

Email: eho@katanning.wa.gov.au

Website: www.katanning.wa.gov.au

1. ‘Ready to eat’ means food that is ordinarily consumed in the same state as in which it is sold [↑](#footnote-ref-1)
2. Is a business that employs less than 50 people in the ‘manufacturing sector’ or less than 10 people in the ‘food services’ sector [↑](#footnote-ref-2)
3. Standard 3.3.1 *Australia New Zealand Food Standards Code* [↑](#footnote-ref-3)