******

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 production  Manufacturer/processor  Retailer  Food Service  Distributor/importer  Packer  Storage  Transport  Restaurant/café  Snack bar/takeaway  Caterer |  | Hotel/motel/guesthouse  Pub/tavern  Canteen/kitchen  Hospital/nursing home  Childcare centre  Home delivery  Temporary food premises |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  | Mobile food operator |
|  |  | Market stall |
|  |  | Charitable or community organisation  Meals-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 meals  Frozen meals  Raw meat, poultry or seafood (i.e. oysters)  Processed meat, poultry or seafood  Fermented meat products  Meat pies, sausage rolls or hot dogs  Sandwiches or rolls  Soft drinks/juices  Raw fruit and vegetables  Processed fruit and vegetables |  | Confectionary  Infant or baby foods  Bread, pastries or cakes  Egg or egg products  Dairy products  Prepared salads  Deep fried foods (chips, fish, etc.)  Hamburgers, bacon/egg burgers  Steak 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](mailto: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)