



REGISTRATION OF A FOOD BUSINESS

New Food Premises

Alteration to Food Premises

PROPRIETOR/APPLICANT DETAILS

Proprietor Name: _____

ABN: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Do you require an interpreter/translator for your inspection? Yes No

Language: _____

PROPRIETOR/BUSINESS DETAILS

If food vehicle/temporary food business, please provide details of where the vehicle is garaged.

Trading Name: _____

Premises Address: _____

Postal Address: _____ *If different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

Number of Equivalent Full-Time Staff: _____

Nominated Food Safety Supervisor: *Submit food safety supervisor qualification with application*

Food Recall Contact Person: *Name, Number, and Email*



NATURE OF FOOD BUSINESS		YES
Residential Food Premises - Some residential kitchens are not suitable to prepare food. Please see guidance note for further information.		<input type="checkbox"/>
Food Vehicle – Registration No _____ Make/Model _____		<input type="checkbox"/>
Are you a charitable organisation? - Provide proof of being registered as a charity.		<input type="checkbox"/>
Will your premises be conducting any of the following? (please tick box)		
Bread, Pastries or Cakes	<input type="checkbox"/>	Prepared Salads <input type="checkbox"/>
Confectionary	<input type="checkbox"/>	Processed Fruit and Vegetables <input type="checkbox"/>
Cured Meats	<input type="checkbox"/>	Raw Fruit and Vegetables <input type="checkbox"/>
Dairy Products	<input type="checkbox"/>	Raw Meat or Poultry Processing <input type="checkbox"/>
Egg or Egg Products	<input type="checkbox"/>	Ready to Eat Table Meals <input type="checkbox"/>
End Product Containing Raw Egg	<input type="checkbox"/>	Sandwich or Rolls <input type="checkbox"/>
Fermentation	<input type="checkbox"/>	Seafood Processing <input type="checkbox"/>
Frozen Meals	<input type="checkbox"/>	Sous Vide <input type="checkbox"/>
Jams or Honey	<input type="checkbox"/>	Sushi <input type="checkbox"/>
Meat Pies, Sausage Rolls or Hot Dogs	<input type="checkbox"/>	Other _____ <input type="checkbox"/>

BUSINESS TYPE (Please tick box)			
Canteen/Kitchen	<input type="checkbox"/>	Importer	<input type="checkbox"/>
Caterer	<input type="checkbox"/>	Manufacturer/Processor	<input type="checkbox"/>
Charitable/Community Organisation	<input type="checkbox"/>	Market Stall	<input type="checkbox"/>
Child Care Centre No. of Children _____	<input type="checkbox"/>	Meals-On-Wheels	<input type="checkbox"/>
Distributor	<input type="checkbox"/>	Mobile Food Operator	<input type="checkbox"/>
Family Day Care No. of Children _____	<input type="checkbox"/>	Packer	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	Primary Processor	<input type="checkbox"/>
Home Delivery	<input type="checkbox"/>	Primary Producer	<input type="checkbox"/>
Hospital/Nursing Home	<input type="checkbox"/>	Pub/Tavern	<input type="checkbox"/>
Hotel/Motel/Guesthouse	<input type="checkbox"/>	Residential Manufacturer/Processor	<input type="checkbox"/>

Restaurant/Café	<input type="checkbox"/>	Storage	<input type="checkbox"/>
Retailer	<input type="checkbox"/>	Temporary Food Premises	<input type="checkbox"/>
Snack Bar/Takeaway	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Other			
Brief Description of Food Business and Operations/activities: (For example, bakery – preparing bread, pastries, cakes, pies and sausage rolls. Pies and sausage rolls heated for direct sale)			

FOOD PREMISES FITOUT	
Water Supply	<input type="checkbox"/> Mains <input type="checkbox"/> Sewer <input type="checkbox"/> Tank
Wastewater	<input type="checkbox"/> Septic <input type="checkbox"/> Sewer
Is there a grease trap on site?	<input type="checkbox"/> Yes Reference no. Water Corporation _____ <input type="checkbox"/> No
Floors	<input type="checkbox"/> Epoxy <input type="checkbox"/> Tiles <input type="checkbox"/> Vinyl Other _____
Walls	<input type="checkbox"/> Painted Plaster <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Tiles Other _____
Ceilings	<input type="checkbox"/> Painted Plaster Other _____
Ventilation	<input type="checkbox"/> Mechanical Ventilation installed as AS1668.2 2023
Washing Facilities	<input type="checkbox"/> Cleaners Sink <input type="checkbox"/> Double Bowl Sink <input type="checkbox"/> Food Preparation Sink <input type="checkbox"/> Hands-Free Hand Wash Basin in Each Preparation Area <input type="checkbox"/> Single Bowl Sink with Dishwasher

SUPPORTING DOCUMENTATION

All Food Premises

- Design and Fit out specifications of the premises
- Floor Plan: including layout, elevations, equipment specifications and finishing
- Sample Menu (required to assist with risk rating of premises)

Manufacturing and/or Residential Premises

- Copies of food labels where products are sold as packaged goods
- Details of cleaning and sanitising procedure
- Details of pest control program
- Details of storage conditions for ingredients and finished product
- Details of where products will be sold
- Details on how you will determine shelf life of each product (recommended to be done by a NATA accredited laboratory)
- Food recall procedure
- How the food will be transported

FOOD BUSINESS NOTIFICATION APPLICATION FEE

Low, Medium or High Risk Food Business: **\$173.00** *includes initial inspection*

PRIVACY STATEMENT

The information provided on this notification will be used to determine the risk classification of your Food Business in accordance with the *Food Act 2008*. Under no circumstances will it be sold, provided to or made available to a third-party and confidentially will be maintained at all times.

DECLARATION

I, the person making this application, declare that the information contained in this application is true and correct in every particular way.

Applicant
Signature: _____

Date: _____

Position in
Company: _____

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

OFFICE USE

PJ Account No: 5500-100058-43310

Date Paid: _____

Receipt Number: _____

Officers Initials: _____