



# Food Premises Notification / Registration Form shire of Ashburton reef to range

## Food Act 2008 (WA)

### Part A – Food Business Details

#### APPLICANT DETAILS

Proprietor Name:

Postal Address:

Suburb:

Postcode:

Contact Phone:

Mobile:

Email:

ABN:

#### BUSINESS DETAILS

Trading Name:

Owner / Company Details:

ABN:

Premises Address:

Postal Address:

Contact Phone:

Mobile:

Email:

Name of person in charge and title:

Details of Food Vehicle: (make, model, registration plate):

#### Shire of Ashburton

Lot 246, Poinciana Street, Tom Price, 6751

PO Box 567, Tom Price, WA, 6751

T: (08) 9188 4444

F: (08) 9189 2252

E: [soa@ashburton.wa.gov.au](mailto:soa@ashburton.wa.gov.au)

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## Part A – Food Business Details (Continued)

### DESCRIPTION OF USE OF PREMISES - Please tick all boxes that apply (there may be more than one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Primary production  | <input type="checkbox"/> Storage                | <input type="checkbox"/> Hotel / Motel / Guest House |
| <input type="checkbox"/> Manufacturer / Processor  | <input type="checkbox"/> Transport              | <input type="checkbox"/> Pub / Tavern                |
| <input type="checkbox"/> Retailer  | <input type="checkbox"/> Restaurant / Café      | <input type="checkbox"/> Canteen / Kitchen           |
| <input type="checkbox"/> Food Service  | <input type="checkbox"/> Snack Bar / Takeaway   | <input type="checkbox"/> Hospital / Nursing Home     |
| <input type="checkbox"/> Distributor / Importer  | <input type="checkbox"/> Caterer                | <input type="checkbox"/> Childcare Centre            |
| <input type="checkbox"/> Packer  | <input type="checkbox"/> Home Delivery          | <input type="checkbox"/> Temporary Food Premises     |
| <input type="checkbox"/> Mobile Food Operator  | <input type="checkbox"/> Market Stall           | <input type="checkbox"/> Meals on Wheels             |
| <input type="checkbox"/> Charitable or Community Organisation (application still required to be submitted) |   |  |
| <input type="checkbox"/> Family Daycare  | <input type="checkbox"/> Other (Please Specify) |  |

### 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

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

## Part A – Food Business Details (Continued)

### NATURE OF FOOD BUSINESS

Are you a \*small business? \*Employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services sector'  Yes  
 No

Is the food that you provide, produce or manufacture \*ready-to-eat when sold to the customer? \*Food that is ordinarily consumed in the same state as in which it is sold  Yes  
 No

Do you process the food that you produce or provide before sale or distribution?  Yes  
 No

Do you directly supply or manufacturer food for organisations that cater to \*vulnerable persons? \*Standard 3.3.1 *Australia New Zealand Food Standards Code*  Yes  
 No

### To be answered by manufacturing/processing businesses only:

Do you manufacture or produce products that are not shelf stable?  Yes  
 No

Do you manufacture or produce fermented meat products such as salami?  Yes  
 No

### 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?  Yes  
 No

### HOURS OF OPERATION:

Monday:		Tuesday:	
Wednesday:		Thursday:	
Friday:		Saturday:	
Sunday:		P/Holiday:	

### Part A – Food Business Details (Continued)

#### FOOD RECALL CONTACT

First Name:

Last Name:

Phone:

Mobile:

Email:

Fax:

### Part B – Declaration

I, the person making this application declare that:

- the information contained in this application is true and correct in every particular

Signature: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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 C – Submission of Application and Payment

Please email application to [health@ashburton.wa.gov.au](mailto:health@ashburton.wa.gov.au)

Tax Invoice will be issued as per the Shire of Ashburton's current fee's and charges.

Registration Certificate/s will be issued on receipt of payment.

### Office Use Only

Business Registration No:

Business Class:

Date:

Fees and Charges:

\$

Receipt No: