

# FOOD BUSINESS REGISTRATION FORM

| Notification Details                                          |                                                                                    |                                                  |  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------|--|
| <input type="checkbox"/> Commercial Business                  | <input type="checkbox"/> Home Business                                             | <input type="checkbox"/> New Kitchen             |  |
| <input type="checkbox"/> Change of Ownership                  | <input type="checkbox"/> Kitchen Hire (provide a letter of consent from the owner) |                                                  |  |
| Food Business Details                                         |                                                                                    |                                                  |  |
| Trading Name                                                  |                                                                                    |                                                  |  |
| Premises Address                                              |                                                                                    |                                                  |  |
| ABN                                                           |                                                                                    | Email Address                                    |  |
| Phone Number                                                  |                                                                                    | After Hours Number                               |  |
| Number of equivalent full-time staff                          |                                                                                    |                                                  |  |
| Proprietor Details                                            |                                                                                    |                                                  |  |
| Proprietor Name                                               |                                                                                    |                                                  |  |
| Postal Address                                                |                                                                                    |                                                  |  |
| Phone Number                                                  |                                                                                    | Email Address                                    |  |
| Food Safety Supervisor Details (if different from Proprietor) |                                                                                    |                                                  |  |
| Name                                                          |                                                                                    |                                                  |  |
| Phone Number                                                  |                                                                                    | After Hours Number                               |  |
| Email Address                                                 |                                                                                    |                                                  |  |
| Please provide a copy of all relevant certificates.           |                                                                                    |                                                  |  |
| Mobile Food Vehicle Details (if applicable)                   |                                                                                    |                                                  |  |
| Vehicle/trailer Registration                                  |                                                                                    |                                                  |  |
| Make and model                                                |                                                                                    |                                                  |  |
| Details of any associated premises                            |                                                                                    |                                                  |  |
| Please list details                                           |                                                                                    |                                                  |  |
|                                                               |                                                                                    |                                                  |  |
|                                                               |                                                                                    |                                                  |  |
| Description of use of Premises                                |                                                                                    |                                                  |  |
| Please tick all that apply                                    |                                                                                    |                                                  |  |
| <input type="checkbox"/> Manufacturer/processor               | <input type="checkbox"/> Snack bar/takeaway                                        | <input type="checkbox"/> Childcare centre        |  |
| <input type="checkbox"/> Retailer                             | <input type="checkbox"/> Caterer                                                   | <input type="checkbox"/> Home delivery           |  |
| <input type="checkbox"/> Food service/catering                | <input type="checkbox"/> Meals on wheels                                           | <input type="checkbox"/> Temporary food premises |  |
| <input type="checkbox"/> Distributor/importer                 | <input type="checkbox"/> Hotel/motel/guesthouse                                    | <input type="checkbox"/> Mobile food operator    |  |
| <input type="checkbox"/> Packer                               | <input type="checkbox"/> Pub/tavern                                                | <input type="checkbox"/> Market stall            |  |
| <input type="checkbox"/> Storage                              | <input type="checkbox"/> Canteen/kitchen                                           | <input type="checkbox"/> Hospital/nursing home   |  |
| <input type="checkbox"/> Transport                            | <input type="checkbox"/> Charitable or community organisation                      |                                                  |  |
| <input type="checkbox"/> Restaurant/cafe                      | <input type="checkbox"/> Other                                                     |                                                  |  |

Please provide more details about your type of business. Eg butcher, bakery, seafood processor, soft drink manufacturer, milk vendor, service station. If you are a catering business, please provide the estimated maximum number of patrons.

Do you provide, produce or manufacture any of the following foods? Please tick all that apply.

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

### Nature of Food Business

|                                                                                                |                                                          |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Are you a small business?</b>                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you process the food that you produce or provide before sale or distribution?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you directly supply or manufacture food for organisations that cater to vulnerable persons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

|                                                                       |                                                          |
|-----------------------------------------------------------------------|----------------------------------------------------------|
| Do you manufacture or produce products that are not shelf stable?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you manufacture or produce fermented meat products such as salami? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------------------------------------------------|----------------------------------------------------------|

### Hours of Operation

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

### What is the Size of Your Business?

Tick one box only

|                                              |                                                            |
|----------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Large food service  | Employs over 50 people in food/retail service sector       |
| <input type="checkbox"/> Medium              | 21 to 100 employees in food manufacturing/processing       |
| <input type="checkbox"/> Medium food service | 11 to 50 employees and more than one premises              |
| <input type="checkbox"/> Small               | 1 to 20 employees in food manufacturing/processing sectors |
| <input type="checkbox"/> Small food service  | 1 to 10 employees and one food retail premises             |

| Recall Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|
| Full name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                    |  |
| Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                | After Hours Number |  |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |                    |  |
| Food Safety Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                |                    |  |
| <p>National Food Safety Standard 3.2.2A – Food Safety Management Tools, has been introduced across Australia to reduce the rate of foodborne illnesses linked to poor food handling in certain food services, retail and catering businesses.</p> <p>The standard introduces three food safety management tools for businesses that handle unpackage foods, potentially hazardous foods and ready-to-eat foods. The three tools include:</p> <ol style="list-style-type: none"> <li>1. Requirement to complete food handler training or demonstrate skills and knowledge in safe food handling practices</li> <li>2. Requirement to appoint a qualified food safety supervisor</li> <li>3. Requirement to show that your food is safe</li> </ol> <p>Please visit <a href="http://www.health.wa.gov.au/FSMT">www.health.wa.gov.au/FSMT</a> for more information.</p> <p>Please provide a copy of your Food Safety Supervisor certificate for all supervisors. All other food handlers are required to complete the Food Handlers Training Course. A record of all food safety training in required to be kept on-site and be made available to Authorised Persons.</p> |                                                                                                                                                                                                                                                |                    |  |
| Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I declare as the Applicant, all information contained in this application is true and correct                                                                                                                                                  |                    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I have included a fit-out plan with full layout if applicable                                                                                                                                                                                  |                    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I have attached a copy of the Food Safety Supervisor Certificate for all supervisors                                                                                                                                                           |                    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I understand that by registering my food business, it is my responsibility to ensure the premises and food handlers comply with the <i>Food Act 2008</i> , <i>Food Regulations 2009</i> and <i>Australia New Zealand Food Standards Code</i> . |                    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I have attached a copy of my ABN registration or ASIC company registration certificate                                                                                                                                                         |                    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                |                    |  |
| Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                |                    |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                | Date               |  |

### Collection Notice

The Shire of Boyup Brook collects your personal information to respond to your enquiry, process your request, and provide relevant Shire services. We may disclose your information to Shire staff, contractors, or external service providers where necessary to assist in responding to your enquiry or delivering services. This information is collected under the authority of the *Local Government Act 1995 (WA)* and related legislation. If you do not provide the requested information, we may be unable to respond to your enquiry or provide the requested service. To access or correct your personal information, or for more information about how we handle your information, please contact:

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