Food Act 2008
Notification/Registration Form

PO Box 614 Kununurra 6743
20 Coolibah Drive KUNUNURRA
Koolama Street WYNDHAM
T | 9168 4100
F | 9168 1798
E | mail@swek.wa.gov.au
W | www.swek.wa.gov.au
8.00am - 4.00pm MON - FRI

Proprietor/Business details

Proprietor Name:		
Postal Address:		
ABN:		
Phone:	A/H:	Fax:
Email:		
Number of equivalent full time staff:		

Premises details where food is sold or prepared *(if prepared from a home-based food business. If registering a food vehicle/temporary food business, please provide details where the vehicle is garaged.)*

Trading Name:
Address of Premises
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 (if food vehicle or temporary stall, provide detail of where food will be prepared) **Note only food businesses classified as low risk can prepare food at home. If proposing to be a home-based food business, please complete and submit the Application to prepare and sell food from a residential premises form.**

Recall contact:

Name			
Phone			
Email		A/H:	Fax:

OFFICE USE ONLY							
	Date Received:		Officer:				APPROVED
	Document No:		Fee:		$		
	File:	PH.12.2	Receipt				
	Copy of PLI attached:		❑ Yes	❑ No	General Ledger:	1070414	
	Sketch of stall layout attached:		❑ Yes	❑ No	Total no. pages:		
	Current business registration attached:		❑ Yes	❑ No			

Description and use of Premises

Please tick ALL boxes that apply (there may be more than one)			
☐	Manufacturer/Processor	☐	Hotel/Motel/Guesthouse
☐	Retailer	☐	Pub/tavern
☐	Food Service	☐	Canteen/Kitchen
☐	Distributor/Importer	☐	Hospital/Nursing home
☐	Packer	☐	Childcare Centre
☐	Storage	☐	Home Delivery
☐	Transport	☐	Temporary Food Premises
☐	Restaurant/café	☐	Mobile Food Operator
☐	Caterer	☐	Charitable or Community Organisation
☐	Meals on Wheels	☐	Other:

Please provide more details about your type of business

(For example: aged care, restaurant, butcher, bakery, seafood processor, service station, delicatessen. If business is a catering business, please provide maximum patrons estimate. If a temporary stall, where will food be sold)

Do you Provide, produce or manufacture any of the following foods?

Please tick ALL boxes that apply (there may be more than one)			
☐	Prepared, ready to eat[1] table meals	☐	Confectionary
☐	Frozen Meals	☐	Infant or baby foods
☐	Raw meat, poultry or seafood (i.e. oysters)	☐	Breads, pastries or cakes
☐	Processed meat, poultry or seafood	☐	Egg or egg products
☐	Fermented meat products	☐	Dairy products
☐	Meat pies, sausage rolls or hot dogs	☐	Prepared salads
☐	Sandwiches or rolls	☐	Other (please specify):
☐	Soft drinks/ juices		
☐	Raw fruit and vegetables		
☐	Processed fruit and vegetables		

Nature of Business	Yes	No
Are you a small business[2]?	☐	☐
Is the food that you provide, produce or manufacture ready-to-eat 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]?	☐	☐
4.1 To be answered by Manufacturing/Processing business only		
Do you manufacture or produce products that are not shelf stable?	☐	☐
Do you manufacture or produce fermented meat products such as salami?	☐	☐
4.2 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?	☐	☐

[1] 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

[2] Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector

[3] Standard 3.3.1 Australia New Zealand Food Standards Code

Hours of operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		P/Holidays	

If a temporary food business, dates of operation:

Start Date		Finish Date	

Food business registration and administration fees

Registration of a food business	$67.00
Temporary Food Stall Notification (if not exempt)	$67.00
Transfer of food business licence/ownership	$100

Declaration:

I, the person making this application declare that:

- The information contained in this application is true and correct in every particular
- The required fee will be paid to the Shire upon lodgement of this form

Signature of applicant:_____**Date:**_____

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

Payment Options

For payment of the $67 Food Business Notification Registration Fee, or the $100 Transfer of a food business licence/ownership fee, please see below payment options

Option 1

Payment can be made either by cash or cheque, made payable to the Shire of Wyndham East Kimberley and quote GL Code 1070414

Option 2

To pay by credit card, phone 9168 4100 with your credit card details and quote GL Code 1070414;

OR

Complete the details below and send in with your completed Notification Registration Form

Amount:	
Name on card	
Card Number	
CCV – credit card verification (3-digit number on back of card):	
Expiry date:	Signature:

Please note:

All food businesses require risk assessments to determine the overall risk rating of the business activities; these assessments will incur a fee as per the below table. This risk assessment fee, along with the Food Business Notification Registration Fee is a once off fee.

Food Business Assessment of Food Business Fees

High Risk - Food Business Assessment	$290.00
Medium Risk - Food Business Assessment	$150.00
Low Risk - Food Business Assessment	$75.00

In addition to the above, food businesses are subject to annual surveillance charges which are invoiced yearly (calendar year), based on the food business risk rating. Please refer to the below table for the annual food business fees.

High Risk – Annual Surveillance Charge	$470.00
Medium Risk – Annual Surveillance Charge	$307.00
Low Risk – Annual Surveillance Charge	$155.00

Account Application

1. BUSINESS DETAILS

Registered Name	
Trading As	
ABN/ACN Number	
Years Trading	
Trading Address	
Postal Address	
Credit Limit Requested	$

2. CONTACT DETAILS

Contact Name/s				
Phone (Business hours)		Phone (After hours)		
Mobile Number		Fax Number		
Email address		**I would like to receive invoices and statements via email ****	☐Yes	☐ No

*** Note that if you select to receive invoices and statements via email, a printed copy will NOT be sent*

3. REFEREES

Please supply the names of the three referees – businesses that can tell us about your trading history
(Not utilities, lawyers, accountant, credit cards or banks)

Name	Contact Number

Declaration - I certify (as signatory to this application) that the above information is true and correct and that I am authorised to make this application on behalf of the 'Debtor'. I acknowledge and accept the Terms and Conditions as listed below:

1) Agrees to pay the amount on Shire invoices on or before 35 days from date of invoice.
2) Acknowledges that after 35 days penalty interest will accrue at the prescribed rate on all outstanding amounts.
3) Consents to the Shire performing a credit reference check and making other enquiries to enable the Shire to decide whether or not to grant credit.
4) Acknowledges that all fees incurred by the Shire in relation to debt collection will be on-charged to the debtor.
5) Agrees to advise the Shire of any changes to details (i.e. phone number, address, email address etc.).
6) Accepts that the Shire may withdraw or suspend this credit facility if the debtor does not pay an invoice by the due date.

…….. ……..

Signature Date / / Print Name

PLEASE RETURN TO THE DEBTORS OFFICER BY POST, EMAIL OR FAX PROVIDED