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8.00am - 4.00pm MON - FRI

# Food Act 2008 Notification/Registration Form

## 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

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) <b>Note only food businesses classified as low risk can prepare food at home.</b>

<b>OFFICE USE ONLY</b>	Date Received:		Officer:		APPROVED		
	Document No:		Fee:	\$			
	File:	PH.12.2	Receipt				
	Copy of PLI attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No	General Ledger:			1070414
	Sketch of stall layout attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total no. pages:			
	Current business registration attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

### 1. Description and use of Premises

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

### 2. 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)


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

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

**4. Nature of Business****Yes****No**

Are you a small business <sup>2</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>
Is the food that you provide, produce or manufacture ready-to-eat when sold to the Customer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you process the food that you produce or provide before sale or distribution?	<input type="checkbox"/>	<input type="checkbox"/>
Do you directly supply or manufacturer food for organisations that cater to vulnerable persons <sup>3</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.1 To be answered by Manufacturing/Processing business only</b>		
Do you manufacture or produce products that are not shelf stable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture or produce fermented meat products such as salami?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.2 To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):</b>		
Do you sell ready-to-eat food at a different location from where it is prepared?	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

<sup>2</sup> Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector

<sup>3</sup> Standard 3.3.1 Australia New Zealand Food Standards Code

**5. Hours of operation:**

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		P/Holidays	

**6. If a temporary food business, dates of operation:**

Start Date		Finish Date	
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**7. Recall contact:**

Name			
Phone			
Email	A/H:	Fax:	

**8. Declaration:**

I, the person making this application declare that:

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

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

