



# Food Act 2008 (WA)

## Notification/Registration Form

### PART A: FOOD BUSINESS DETAILS

#### Proprietor/Business details

Proprietor Name: <i>(Full names or corporate name)</i>		
Postal Address:		
ABN:		
Phone:	Mobile:	Fax:
Email:		
Primary language spoken:	Number of equivalent full-time staff:	

#### Premises details

Trading Name:
Address of Premises <i>(if food vehicle/temporary food business please provide details of where the vehicle is garaged)</i> :
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: <i>(for milking premises include land division, location/lot number, include alternate dairies)</i>

#### 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"/> Hotel/motel/guesthouse |
| <input type="checkbox"/> Manufacturer/processor | <input type="checkbox"/> Pub/tavern             |

- |   |   |
|---|---|
| <input type="checkbox"/> Retailer             | <input type="checkbox"/> Canteen/kitchen                      |
| <input type="checkbox"/> Food Service         | <input type="checkbox"/> Hospital/nursing home                |
| <input type="checkbox"/> Distributor/importer | <input type="checkbox"/> Childcare centre                     |
| <input type="checkbox"/> Packer               | <input type="checkbox"/> Home delivery                        |
| <input type="checkbox"/> Storage              | <input type="checkbox"/> Temporary food premises              |
| <input type="checkbox"/> Transport            | <input type="checkbox"/> Mobile food operator                 |
| <input type="checkbox"/> Restaurant/café      | <input type="checkbox"/> Market stall                         |
| <input type="checkbox"/> Snack bar/takeaway   | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Caterer              | <input type="checkbox"/> Meals-on-wheels                      |
| <input type="checkbox"/> Other _____          |   |

**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)

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

*Please tick all boxes that apply*

- |  |   |
|--|---|
| <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"/> Bread, 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:                   |
| <input type="checkbox"/> Soft drinks/juices                              |   |
| <input type="checkbox"/> Raw fruit and vegetables                        |   |
| <input type="checkbox"/> Processed fruit and vegetables                  |   |

**Nature of food business**

	Yes	No
Are you a small business <sup>2</sup> ?		
Is the food that you provide, produce or manufacture ready-to-		

<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

eat <sup>1</sup> 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 <sup>3</sup> ?		
<b>To be answered by manufacturing/processing businesses only:</b>		
Do you manufacture or produce products that are not shelf stable?		
Do you manufacture or produce fermented meat products such as salami?		
<b>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?		

**Hours of operation:**

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

**Recall contact:**

First name			
Last name			
Phone		Mobile:	Fax:
Email			

**Declaration:**

I, the person making this application declare that:

- the information contained in this application is true and correct in every particular
- the prescribed fee is enclosed with this application (see Part B).

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

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

**Date:** \_\_\_\_\_

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.

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

**PART B: PAYMENT OF PRESCRIBED FEE OPTIONS**

Registration fee \$255 (GST-exempt)  
Notification fee (exempt food businesses only): \$84 (GST-exempt)

**By Cheque**

Enclose a cheque or money order made payable to **Department of Health WA** and forward payment to:

Food Unit  
Environmental Health Directorate  
PO Box 8172  
Perth Business Centre WA 6849

**By Credit Card**

Please charge my  Mastercard  Visa

Card No             Card Expiry Date

Cardholder's Name (please print) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

**ENQUIRES**

**Food Unit, Department of Health**  
PO Box 8172, Perth Business Centre WA 6849

Ph: (08) 9222 2000

Email: [foodsafety@health.wa.gov.au](mailto:foodsafety@health.wa.gov.au)

Website: [https://ww2.health.wa.gov.au/Articles/N\\_R/Registration-of-a-food-business](https://ww2.health.wa.gov.au/Articles/N_R/Registration-of-a-food-business)