

# Food Business Registration/Notification Form

## Food Act 2008

Please ensure the appropriate approvals from the City's Planning and Building Services departments have been obtained **prior** to lodging this application.

Please tick the appropriate box

- ☐ Registering a new food business (including mobile food businesses) located in the City
- ☐ Registering a new residential food business located in the City
- ☐ Change of Ownership for an existing food business
- ☐ Updating details (only for updating business name, postal address or business activities)
- ☐ Relocating a registered City of Armadale food business to a new premises

### FOOD BUSINESS DETAILS

**Food Business Trading Name:**

**Previous Trading Name:** (if you have taken over an existing premises)

**Address of Premises:** (if food vehicle/temporary food business, please provide details of where the vehicle is garaged)

**Phone:**

**Email:** (this email address will be used for correspondence including invoicing and assessments)

☐ Please tick if you would like to subscribe to City food safety newsletters and updates

**Postal Address:**

(ALL correspondence will be sent to this address)

**Name and title of person responsible for day-to-day operations:**

(if different from proprietor)

**How many full-time equivalent employees do you intend to employ?**

(please tick the box that applies to your food business)

☐ None (sole trader)

☐ 1-19 (small business)

☐ 20-199 (medium business)

☐ 200+ (large business)

**Details of food vehicle:**

(make/model/registration plate)

**Details of any associated premises:**

**Is this premises being used by another food business?**

If yes please provide their details and name

## PROPRIETOR (1) DETAILS

The Proprietor is either the individual/s (e.g. sole trader/partnership) or body corporate (e.g. proprietary limited company) legally responsible for the business. Please note that an ABN registered to a Trustee is not considered to be a legal entity for the purposes of the *Food Act 2008*.

**Proprietor Name:**  
(legal entity)

**ABN/ACN:**  
(must match proprietor/s name above)

**Address:**

**Entity Type:** ☐ Sole Trader ☐ Family Partnership ☐ Company ☐ Other:

**Phone:**

**Email:**

**Primary language spoken:**

**Sole Traders only**

**Driver's licence no.**

**Date of birth:**

**Expiry:**

## PROPRIETOR (2) DETAILS

The Proprietor is either the individual/s (e.g. sole trader/partnership) or body corporate (e.g. proprietary limited company) legally responsible for the business. Please note that an ABN registered to a Trustee is not considered to be a legal entity for the purposes of the *Food Act 2008*.

**Proprietor Name:**  
(legal entity)

**ABN/ACN:**  
(must match proprietor/s name above)

**Address:**

**Entity Type:** ☐ Sole Trader ☐ Family Partnership ☐ Company ☐ Other:

**Phone:**

**Email:**

**Primary language spoken:**

**Sole Traders only**

**Driver's licence no.**

**Date of birth:**

**Expiry:**

Note: The food business is required to notify the enforcement agency of any changes to the information provided below. The new information must be provided to the enforcement agency before the changes occur. Any changes to the information may affect the classification of a food business.

## PRIMARY USE OF THE PREMISES

Please select **one** box that best describes the premises. Where there is more than one type of use, select the main source of income and write the other types of use in the 'Secondary use of the premises' section below.

- ☐ Canteen/School
- ☐ Caterer
- ☐ Charitable organisation
- ☐ Childcare Centre
- ☐ Club/Community group
- ☐ Distributor
- ☐ Family Day Care
- ☐ Home Delivery

- ☐ Hospital/Nursing Home
- ☐ Hotel/Motel/Guesthouse
- ☐ Importer
- ☐ Licensed Premises/Pub/Tavern
- ☐ Manufacturer/Processor
- ☐ Meals-on-Wheels
- ☐ Mobile Food Vehicle

- ☐ Packer
- ☐ Restaurant/Café
- ☐ Retailer
- ☐ Snack Bar/Takeaway
- ☐ Storage
- ☐ Temporary Food Stall
- ☐ Transport

## SECONDARY USE OF THE PREMISES

*(For example, if your primary use is restaurant/cafe, but you also operate a temporary food stall at events)*

## FOOD BUSINESS DESCRIPTION

Please describe your business. In your own words, tell us how your business will operate. What type of food will you be producing? How/where will your customers consume your food? Is there a specific cuisine or do you have a specialty? This information will assist the City in assessing the application and understanding any high risk areas.

## FOOD TYPES THAT WILL BE PROVIDED

Please select all boxes that apply (there may be more than one)

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

## NATURE OF FOOD BUSINESS

Please tick yes/no as appropriate to your business

Is the food that you provide, produce or manufacture ready-to eat when sold to the customer?  
 ('Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold)

☐
☐

Do you **process** the food that you produce or provide before sale or distribution?  
 ('Process' (in relation to food) is an activity conducted to prepare food for sale including chopping, cooking, drying, fermenting, heating, pasteurising, thawing and washing, or a combination of these activities)

☐
☐

Do you directly supply or manufacture food for organisations that cater to **vulnerable persons**?  
 ('Vulnerable persons' are those listed in the Schedule to Standard 3.3.1 of the Australia New Zealand Food Standards Code)

☐
☐

Do you sell ready-to-eat food at a different location from where it is prepared?  
 (e.g. catering, temporary food stall/vehicle)

☐
☐

## To be answered by manufacturing/processing businesses only

Please tick yes/no as appropriate to your business

Do you manufacture or produce products that are not **shelf stable**?  
 ('Shelf stable' means non-perishable food with a shelf life of many months, to years)

☐
☐

Do you manufacture or produce fermented meat products such as salami?

☐
☐

Do you manufacture sprouted seed?

☐
☐

Do you manufacture or produce dairy products (e.g. cheese, yoghurt, ice-cream)

☐
☐

Do you manufacture or produce ready to eat manufactured meats?

☐
☐

## TRAINING AND EXPERIENCE

Please provide details of food safety training qualifications for food handlers

Please provide details of food business supervisory experience for owner/manager

## FOOD RECALL CONTACT INFORMATION

This person must be available for emergency contact regarding food safety and food recalls

**Full name:**

**Phone:**

**Email:**

## HOURS OF OPERATION

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

## REQUIRED ATTACHMENTS FOR ALL FOOD BUSINESSES

**A copy of the ABN registration or ASIC company registration extract/certificate**

☐

**A copy of premises floor plans showing the position of all fixtures and equipment**

☐

**A proposed menu** *(if applicable)*

☐

**An Application to Prepare Food for Sale in a Residential Premises** *(only if required)*

☐

**Evidence of food safety qualifications or statement of relevant food business experience**

*This is to assist in demonstrating suitable skills and knowledge in accordance with Food Safety Standard 3.2.2A*

☐

## REQUIRED FOR ASSESSMENT OF FOOD MANUFACTURERS / IMPORTERS

**Proposed process to manufacture each product including verification processes for critical food safety steps such as heat treatment and acidification (for manufacturers)**

*Detailed recipes, including full ingredient list and method of preparation including time and temperature control for each proposed food type. Manufacturing secrets and confidential processes are protected from disclosure under Section 142 of the Food Act 2008*

☐

**Examples of labelling (for importers and manufacturers)**

*If you are selling packaged food, you must submit copies of your labels for review. Please see the Food Standards User Guides to Labelling Requirements under Food Standard Code Chapter 1.2, particularly the Overview of Food Labelling guide*

☐

**Evidence of shelf-life testing (date marking for manufacturers)**

*Verification of your date markings is required to be undertaken by a NATA accredited laboratory. This may take some time depending on the shelf stability of your products, so it is preferred that you do not submit your application until you have completed testing.*

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**Food Recall Plan (for importers, distributors, and manufacturers)**

*This is required if you are manufacturing, distributing or importing food or beverage products. Please visit FSANZ Food Recalls website information on what this must contain.*

☐

**Food Safety Plan**

*This is required for businesses that serve or process ready to eat food to vulnerable people; for seafood businesses (primary production/processing); and for businesses producing manufactured and fermented meats. Please visit FSANZ for further information and guidance.*

☐

## DECLARATION

I declare that the information contained in this application is true and correct, that I will notify the City's Health Services of any variation to details provided within this application prior to trading and that I have obtained the appropriate approvals from the City's Planning and Building Services (when applicable) **prior** to lodging this application.

**Name of applicant/s:**

**Position of applicant/s:**

*(In the case of a company, the signing officer must be a Director of the company or provide evidence of their delegated authority to sign)*

**Signature of applicant/s:**

**Date:**

**Note:**

- Incomplete applications and plans that lack detail will not be accepted by the City.
- A final inspection will be required prior to the business commencing operation.

**To submit your application please email this form to [info@armadale.wa.gov.au](mailto:info@armadale.wa.gov.au) or send via post to City of Armadale, Locked Bag 2, Armadale WA 6992**

Please refer to the City of Armadale website for current application and annual food business fees