

FOOD BUSINESS REGISTRATION/NOTIFICATION FORM



CITY OF VINCENT

Food Act 2008 & Food Regulations 2009

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

BUSINESS DETAILS	
Food business trading name	
Previous trading name <i>(if you have taken over an existing premises)</i>	
Address of premises	
Name of person responsible for day to day operations and title	
How many full-time equivalent employees do you intend to employ? <i>(please tick the box that applies to your food business)</i>	<input type="checkbox"/> None (sole trader) <input type="checkbox"/> 20-199 (medium business) <input type="checkbox"/> 1-19 (small business) <input type="checkbox"/> 200+ (large business)
Details of any other associated food premises <i>(e.g. food vehicle / warehouse / manufacturing)</i>	
Is this premises being used by another food business? <i>If yes please provide their details and name</i>	

PROPRIETOR 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 <i>Food Act 2008</i> .	
Proprietor name (legal entity)	
ABN / ACN	
Postal address	
Business phone number	
Mobile number	
Email address	
Primary language spoken	
Second language spoken	

PRIMARY USE OF THE PREMISES

Please tick **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.

- | | | |
|--|---|---|
| <input type="checkbox"/> Canteen/School | <input type="checkbox"/> Hospital/Nursing Home | <input type="checkbox"/> Packer |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Hotel/Motel/Guesthouse | <input type="checkbox"/> Restaurant/Café |
| <input type="checkbox"/> Charitable organisation | <input type="checkbox"/> Importer | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Childcare Centre | <input type="checkbox"/> Licensed Premises/Pub/Tavern | <input type="checkbox"/> Snack Bar/Takeaway |
| <input type="checkbox"/> Club/Community group | <input type="checkbox"/> Manufacturer/Processor | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Meals-on-Wheels | <input type="checkbox"/> Temporary Food Stall |
| <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Mobile Food Vehicle | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Home Delivery | | |

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

- | | |
|---|---|
| <input type="checkbox"/> Prepared, ready to eat 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 / ready to eat meats | <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"/> Soft drinks/juices |
| <input type="checkbox"/> Raw fruit and vegetables | <input type="checkbox"/> Processed fruit and vegetables |
| <input type="checkbox"/> Other (please detail): | |

NATURE OF BUSINESS		
Please tick yes/no as appropriate to your business	Yes	No
Are you a small food business? <i>(‘Small food business’ is a business that employs less than 50 people in the manufacturing sector or less than 10 people in the food services sector)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is the food that you provide, produce or manufacture ready-to eat when sold to the customer? <i>(‘Ready to eat’ means food that is ordinarily consumed in the same state as in which it is sold)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you process the food that you produce or provide before sale or distribution? <i>(‘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)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you directly supply or manufacture food for organisations that cater to vulnerable persons ? <i>(‘Vulnerable persons’ are those listed in the Schedule to Standard 3.3.1 of the Australia New Zealand Food Standards Code)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you sell ready-to-eat food at a different location from where it is prepared? <i>(e.g. catering, temporary food stall/vehicle)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or will you be installing, extending or altering the mechanical ventilation system (kitchen exhaust canopy) at the food premises?	<input type="checkbox"/>	<input type="checkbox"/>
If you have amended or installed the kitchen exhaust canopy at the premises, have you attached a copy of the ‘Certificate of Compliance’ certifying that the installation has been completed in accordance with BCA Part F4.1 and AS/NZS 1668.1 & AS 1668.2?	<input type="checkbox"/>	<input type="checkbox"/>

To be answered by manufacturing/processing businesses only	Yes	No
Do you manufacture or produce products that are not shelf stable? <i>(‘Shelf stable’ means non-perishable food with a shelf life of many months, to years)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture or produce fermented meat products such as salami?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture sprouted seed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture or produce dairy products (e.g. cheese, yoghurt, ice-cream)	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture or produce ready to eat manufactured meats?	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE DETAILS	
For temporary food vehicles , please provide the address at which the vehicle is normally garaged or housed, and a copy of the Certificate of Registration issued by the relevant Local Government Authority and vehicle registration number:	
Address	
Vehicle registration number	

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 SAFETY REQUIREMENTS	
FOOD STANDARDS 3.2.2A Requirements in effect December 2023 New Food Safety Standards for Businesses » City of Vincent Please indicate your business category below:	
Category 1 (eg Restaurants, cafes, bakeries, fast food outlets, mobile food vans, hospitals and aged care, child care and school canteens.)	<input type="checkbox"/>
Category 2 (eg Delis, some supermarkets, some service stations, seafood retailer, some market stalls, some convenience stores and some butchers.)	<input type="checkbox"/>
Other (Business does not handle unpackaged, PHF and Ready to Eat foods)	<input type="checkbox"/>

REQUIRED ATTACHMENTS FOR ALL FOOD BUSINESSES	
A copy of the ABN registration or ASIC company registration extract/certificate	<input type="checkbox"/>
Floor Plan Floor, reflected ceiling and side elevations plans must show: <ul style="list-style-type: none"> All equipment, fittings, fixtures, light fittings, exhaust canopies, toilets, sinks, hand wash basins, pest exclusion measures (such as filling of cavities/voids), coving floor grading to floor waste drains; and Material finishes of all floors, walls, ceilings, and equipment (e.g. stainless steel) <i>Note – before completing this section of the form, please ensure you have checked with the City’s Building Services that you do not need a building permit.</i>	<input type="checkbox"/>
Evidence of food safety qualifications or statement of relevant food business experience <i>This is to assist in demonstrating suitable skills and knowledge in accordance with Food Safety Standard 3.2.2A</i>	
<ul style="list-style-type: none"> Food Safety Supervisor Certificate meeting units of competencies: Mandatory for Category 1 and Category 2 Food Businesses Food safety supervisor training course (health.wa.gov.au) 	<input type="checkbox"/>
<ul style="list-style-type: none"> Food Safety Training for Food Handlers I acknowledge that all food handling staff have completed adequate food safety training. 	<input type="checkbox"/>
A proposed menu	<input type="checkbox"/>

PHYSICAL ALTERATIONS/ADDITIONS		
	Yes	No
Has a Building Permit been obtained for the works? (This is applicable for any structural alterations to the premises or for the installation of an exhaust canopy or coolroom/freezer)	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the reference number for the Building Permit application		

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) <i>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</i>	<input type="checkbox"/>
Examples of labelling (for importers and manufacturers) <i>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</i>	<input type="checkbox"/>
Evidence of shelf life testing (date marking for manufacturers) <i>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.</i>	<input type="checkbox"/>

Food Recall Plan (for importers, distributors, and manufacturers) <i>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.</i>	<input type="checkbox"/>
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.	<input type="checkbox"/>

FOOD RECALL CONTACT INFORMATION

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

Full name	
Work phone	
Mobile phone	
Email address	

HOURS OF OPERATION

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

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) <i>(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)</i>	
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 mail@vincent.wa.gov.au

FEES

These fees are applicable for the 2024/2025 financial year. You will be sent an invoice for the appropriate fees.

Notification only	\$54.00
Notification & registration	\$215.00
Application for fit-out / alteration (where building permit not required)	\$215.00
Food safety program verification	\$343.00
Assessment of manufacturing premises	\$343.00

NOTE:

- Registered food businesses are routinely inspected by the City. Businesses are charged an assessment fee on each occasion, as and when these fall due. Please contact our Health Services at mail@vincent.wa.gov.au for further information.