



CITY OF VINCENT

NOTIFICATION/REGISTRATION FORM

Please return to:

Health Services

PO Box 82, LEEDERVILLE, 6902

Telephone: (08) 9273-6533

Facsimile: (08) 9273-6099

E-mail: mail@vincent.wa.gov.au

PROPRIETOR/BUSINESS DETAILS

PROPRIETOR NAME: _____

POSTAL ADDRESS: _____

ABN: _____

PHONE: _____ A/H: _____ FAX: _____

EMAIL: _____

PRIMARY LANGUAGE SPOKEN: _____ SECOND LANGUAGE SPOKEN: _____

NO. OF EQUIVALENT FULL TIME STAFF _____

PREMISES DETAILS

PREVIOUS TRADING NAME: _____

NEW TRADING NAME: _____

ADDRESS OF PREMISES: _____

PHONE: _____

NAME OF PERSON IN CHARGE AND TITLE (if different from registered proprietor):

DETAILS OF ANY OTHER ASSOCIATED FOOD PREMISES (i.e. food transport vehicle/warehouse/manufacturing):

DETAILS IF THESE PREMISES ARE BEING USED BY ANY OTHER FOOD BUSINESS:

DESCRIPTION OF USE OF PREMISES

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

Manufacturer/Processor

Retailer

Food Service

Distributor/Importer

Packer

Storage

Transport

Restaurant/Café

Caterer

Meals-on-wheels

Other (please detail):

Hotel/Motel/Guesthouse

Pub/Tavern

Canteen/Kitchen

Hospital/Nursing Home

Childcare Centre

Home Delivery

Temporary Food Stall

Temporary Food Vehicle

Mobile Food Operator

Charitable or Community Organisation

PLEASE PROVIDE MORE DETAILS ABOUT YOUR TYPE OF BUSINESS

For example: butcher, bakery, seafood processor, restaurant/café, milk vendor, service station (if the business is a catering business, please provide an estimate of the maximum number of patrons):

DO YOU PROVIDE, PRODUCE OR MANUFACTURE ANY OF THE FOLLOWING FOODS?

*Please tick **all** boxes that apply to your food business:*

Prepared, ready to eat¹ table meals
 Frozen Meals
 Raw meat, poultry or seafood (i.e. oysters)
 Processed meat, poultry or seafood
 Fermented meat products
 Meat pies, sausage rolls or hot dogs
 Sandwiches or rolls
 Raw fruit and vegetables
 Processed fruit and vegetables

Confectionary
 Infant or baby foods
 Bread, pastries or cakes
 Egg or egg products
 Dairy products
 Prepared salads
 Soft drinks/juices
 Other:

NATURE OF BUSINESS

<i>Please tick Yes/No as appropriate to your business:</i>	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 manufacture food for organisations that cater to Vulnerable Persons ³ ?		
<i>To be answered by manufacturing/processing businesses only:</i>		
Do you manufacture or produce products that are not shelf stable ⁴ ?		

¹Ready 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 ³Standard 3.3.1 *Australia New Zealand Food Standards Code*

⁴'Shelf Stable' means non-perishable food with a shelf life of many months, to years

To be answered by manufacturing/processing businesses only (continued):		
Do you manufacture or produce fermented meat products such as salami?		
To be answered by food service and retail businesses only:		
Do you sell ready-to-eat food at a different location from where it is prepared? (i.e. catering)		

TRAINING AND EXPERIENCE

PLEASE PROVIDE DETAILS OF:

FOOD SAFETY TRAINING QUALIFICATIONS ACHIEVED:

PREVIOUS FOOD BUSINESS EXPERIENCE:

HOURS OF OPERATION

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

FOOD RECALL CONTACT

First name			
Last name			
Phone		A/H:	Fax:
Email			

REQUIRED ATTACHMENTS

Please attach a copy of the Business Registration issued by the Australian Securities & Investments Commission (ASIC)

ADDITIONAL NOTIFICATION INFORMATION FOR TEMPORARY FOOD BUSINESSES

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 Authority and vehicle registration number:

Address: _____

Certificate of Registration Enclosed _____ Vehicle Registration Number: _____

DECLARATION

I, the person making this application declare that:

- i) The information contained in this application is true and correct;
- ii) I will notify the City's Health Services of any variation to details provided within this application prior to trading; and
- iii) The appropriate approvals from the City's Planning, Building & Heritage section have been obtained **prior** to lodging this application.

Signature of applicant:

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

Date: _____

APPLICABLE FEES

PLEASE TICK THE APPROPRIATE APPLICATION TYPE BELOW

Notification Fee - \$50.00

Applicable for change of postal address, trading hours, contact e-mail, contact number details

OR

Notification & Registration Fee - \$150.00

Please note: An invoice will be generated and issued for your payment. Registration of your food business will not proceed until payment is made in accordance with S.110 of the *Food Act 2008*

OFFICE USE (FOR NEW FOOD BUSINESSES ONLY)

Risk Assessment/Inspection Fee		
High	Low	Exempt
Medium		