

FOOD BUSINESS NOTIFICATION FORM

Purpose of submitting

☐ New business ☐ New owner ☐ Change of business name ☐ Ceased to trade

Company Name _____ Address _____

Owner Name _____ Address _____

Trading Name _____ ABN _____

Telephone _____ After Hours _____

Email _____

Proposed Hours of Operation _____ DA Number (if applicable) _____

Size of Business

☐ Large (over 100 employees food manufacturing/processing) ☐ Large Food Service (over 50 employees food/retail)

☐ Medium (21-100 employees food manufacturing/processing) ☐ Medium Food Service (11 -50 employees)

☐ Small (1-20 employees food manufacturing/processing) ☐ Small Food Service (1-10 employees)

Primary Business Type

<input type="checkbox"/> Bakery	<input type="checkbox"/> Canteen/Kitchen	<input type="checkbox"/> Caterer
<input type="checkbox"/> Charity	<input type="checkbox"/> Childcare centre	<input type="checkbox"/> Delicatessen
<input type="checkbox"/> Licenced Club	<input type="checkbox"/> Meals on wheels	<input type="checkbox"/> Mobile food operator
<input type="checkbox"/> Mobile caterer	<input type="checkbox"/> Poultry retail	<input type="checkbox"/> Pub/tavern
<input type="checkbox"/> Fruit & Veg	<input type="checkbox"/> Health Food	<input type="checkbox"/> Hotel/Motel/B&B
<input type="checkbox"/> Restaurant/Cafe	<input type="checkbox"/> Seafood retail	<input type="checkbox"/> Streets carts/stalls
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Take away food	<input type="checkbox"/> Other _____

Food Manufactured or Supplied

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Bakery	<input type="checkbox"/> Confectionery/Snack
<input type="checkbox"/> Dairy	<input type="checkbox"/> Fermented food	<input type="checkbox"/> Cooked, chilled or frozen meals
<input type="checkbox"/> Grocery	<input type="checkbox"/> Infant/baby	<input type="checkbox"/> Nut & seed kernel
<input type="checkbox"/> Prepared Salads	<input type="checkbox"/> Cereal	<input type="checkbox"/> Prepared ready to eat table meals
<input type="checkbox"/> Processed Fruit & Veg		<input type="checkbox"/> Raw meat, poultry or seafood
<input type="checkbox"/> Raw ready to eat seafood or shellfish		<input type="checkbox"/> Self-service ready to eat
<input type="checkbox"/> Soft drinks/juices		<input type="checkbox"/> Water, non-reticulated
<input type="checkbox"/> Other _____		

** **Potentially Hazardous Food** means foods that need to be kept at certain temperatures to minimise the growth of harmful bacteria in the food or to prevent the formation of toxins in the food*

** **Process** means activity conducted to prepare food for sale including chopping, cooking, drying, fermenting, heating, pasteurising, or a combination of these*

** **Ready-to-eat** means food that is ordinarily consumed in the same state as in which it is sold*

** **Shelf stable** means non-perishable food with a shelf life of many months to years*

Nature of Food Business

Does business provide or produce ready-to-eat food? ☐ Yes ☐ No

Does the business sell ready-to-eat food at a different location from where it is prepared? ☐ Yes ☐ No



- Is food supplied to the sick, elderly, children under 5 years or pregnant women? ☐ Yes ☐ No
- Does the business process food before sale or distribution? ☐ Yes ☐ No
- Are potentially hazardous foods manufactured, produced or handled by your business? ☐ Yes ☐ No
- Are food products manufactured or produced shelf stable? ☐ Yes ☐ No
- Does the business manufacture or produce fermented meat products such as salami? ☐ Yes ☐ No

Location of each Food Premises operated by the Business

Owner Name _____ Address _____

Trading Name _____ ABN _____

Telephone _____ After Hours _____

Email _____

Owner Name _____ Address _____

Trading Name _____ ABN _____

Telephone _____ After Hours _____

Email _____

Owner Name _____ Address _____

Trading Name _____ ABN _____

Telephone _____ After Hours _____

Email _____

Declaration

I declare that all information supplied on this form is true and correct and that there are necessary records and/or documentation to support this notification.

I acknowledge that Council may inspect the business without prior notice to assess the business for compliance with legislative requirements. An inspection fee will be charged in accordance with Council's fees and charges.

Name _____ Signature _____

Date _____

Note: Please provide all the details required. Incomplete or illegible information may lead to delays.

OFFICE USE ONLY

Amount _____

Receipt No. _____

Receipt Date _____