

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

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

Food Manufactured or Supplied

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