

TRIM Reference: _____



REGISTRATION OF A FOOD BUSINESS

New Food Premises Alteration to Food Premises

PROPRIETOR/APPLICANT DETAILS

Proprietor Name: _____

ABN: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Do you require an interpreter/translator for your inspection? Yes No

Language: _____

PROPRIETOR/BUSINESS DETAILS

If food vehicle/temporary food business, please provide details of where the vehicle is garaged.

Trading Name: _____

Premises Address: _____

Postal Address: _____ *If different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

Number of Equivalent Full-Time Staff: _____

Nominated Food Safety Supervisor: *submit food safety supervisor qualification with application*Food Recall Contact Person: *name, number, and email*

NATURE OF FOOD BUSINESS

YES

Residential Food Premises - Some residential kitchens are not suitable to prepare food.
Please see guidance note for further information.

Food Vehicle – Registration No _____ Make/Model _____		<input type="checkbox"/>
Are you a charitable organisation? - Provide proof of being registered as a charity.		<input type="checkbox"/>
Will your premises be conducting any of the following? (please tick box)		
Sushi	<input type="checkbox"/>	Fermentation
Cured meats	<input type="checkbox"/>	End product containing raw egg
Sous Vide	<input type="checkbox"/>	Seafood processing
Raw fruit and vegetables	<input type="checkbox"/>	Processed fruit and vegetables
Ready to eat table meals	<input type="checkbox"/>	Frozen meals
Raw meat or poultry processing	<input type="checkbox"/>	Bread Pastries or cakes
Confectionary	<input type="checkbox"/>	Sandwich or rolls
Jams or honey	<input type="checkbox"/>	Egg or egg products
Meat pies, sausage rolls or hot dogs	<input type="checkbox"/>	Dairy products
Prepared Salads	<input type="checkbox"/>	Other _____

Business Type (Please tick box)		
Manufacturer/processor	<input type="checkbox"/>	Hotel/motel/guesthouse
Retailer	<input type="checkbox"/>	Pub/tavern
Food service	<input type="checkbox"/>	Canteen/kitchen
Distributor	<input type="checkbox"/>	Hospital/nursing home
Importer	<input type="checkbox"/>	Childcare centre - No. of Children _____
Packer	<input type="checkbox"/>	Home delivery
Storage	<input type="checkbox"/>	Mobile food operator
Transport	<input type="checkbox"/>	Market Stall
Restaurant/café	<input type="checkbox"/>	Charitable/community organisation
Snack bar/takeaway	<input type="checkbox"/>	Temporary food premises
Caterer	<input type="checkbox"/>	Primary processor
Meals-on-wheels	<input type="checkbox"/>	Residential manufacturer/processor
Primary producer	<input type="checkbox"/>	Family day care - No of Children _____
Other		

Brief Description of Food Business and Operations/activities: (For example, bakery – preparing bread, pastries, cakes, pies and sausage rolls. Pies and sausage rolls heated for direct sale)

FOOD PREMISES FITOUT	
Water Supply	<input type="checkbox"/> Sewer <input type="checkbox"/> Tank <input type="checkbox"/> Mains
Wastewater	<input type="checkbox"/> Sewer <input type="checkbox"/> Septic
Is there a grease trap on site?	<input type="checkbox"/> Yes Reference no. Water Corporation _____ <input type="checkbox"/> No
Floors	<input type="checkbox"/> Tiles <input type="checkbox"/> Vinyl <input type="checkbox"/> Epoxy Other
Walls	<input type="checkbox"/> Tiles <input type="checkbox"/> Painted plaster <input type="checkbox"/> Stainless Steel Other
Ceilings	<input type="checkbox"/> Painted plaster Other
Ventilation	<input type="checkbox"/> Mechanical Ventilation installed as AS1668.2 2023
Washing Facilities	<input type="checkbox"/> Hands free hand wash basin in each preparation area <input type="checkbox"/> Double bowl sink <input type="checkbox"/> Single bowl sink with dishwasher <input type="checkbox"/> Food preparation sink <input type="checkbox"/> Cleaners sink

SUPPORTING DOCUMENTATION

All Food Premises

- Design and Fit out specifications of the premises
- Floor Plan: including layout, elevations, equipment specifications and finishing
- Sample Menu (required to assist with risk rating of premises)

Manufacturing and/or Residential Premises

- Copies of food labels where products are sold as packaged goods
- Food recall procedure
- Details of storage conditions for ingredients and finished product
- Details on how you will determine shelf life of each product (recommended to be done by a NATA accredited laboratory)
- Details of cleaning and sanitising procedure
- Details of pest control program
- Details of where products will be sold
- How the food will be transported

FOOD BUSINESS NOTIFICATION APPLICATION FEE

Low, Medium or High Risk Food Business: **\$173.00** *includes initial inspection*

PRIVACY STATEMENT

The information provided on this notification will be used to determine the risk classification of your Food Business in accordance with the *Food Act 2008*. Under no circumstances will it be sold, provided to or made available to a third-party and confidentially will be maintained at all times.

DECLARATION

I, the person making this application, declare that the information contained in this application is true and correct in every particular way.

Applicant
Signature: _____

Date: _____

Position in
Company: _____

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

OFFICE USE

GL Account No: **07220803** _____

Date Paid: _____

Receipt Number: _____

Officers Initials: _____