|  |  |  |
| --- | --- | --- |
|  | **REGISTRATION FORM****LOW RISK FOOD PREMISES*****Food Act 2008*****FORM 102** | Date stamp |
| **Part 1 Proprietor/Business Details** |
|  | Applicant/Owner Full Name |  |
|  |  |  |
|  | Postal Address |  |
|  |  |  |
|  |  |  |
|  | ABN |  | Email |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Phone |  | Mobile |  |
|  |  |  |  |  |
|  | Phone A/H |  | Fax |  |
|  |  |  |  |  |
|  | Primary Language Spoken |  | Number of Equivalent Fulltime Staff |  |
|  |  |  |  |  |
|  |  |  |
| **Part 2 Premises Details (if food vehicle/temporary food business please provide details of where the vehicle is garaged)** |
|  | Trading Name |  |
|  |  |  |
|  | Lot No |  | Street No |  | Street Name |  |
|  |  |  |  |  |  |  |
|  | Suburb |  | Post Code |  |
|  |  |  |  |  |
|  | Phone |  | Mobile |  |
|  |  |  |  |  |
|  | Email |  |
|  |  |  |
|  | Name of Person in Charge |  | Title (if different from Proprietor) |  |
|  |  |  |  |  |
|  | Details of Food Vehicle (IF APPLICABLE) eg: Registration No, Make, Model |  |
|  |  |  |
|  | Details of any Associated Premises |  |
|  |  |  |
|  |  |  |
| **Part 3 Description of Use of Premises** |
|  |  |  |
|  |  | Manufacturer/Processor |  | Hotel/Motel/Guesthouse |  | Retailer |  |
|  |  |  |  |  |  |  |  |
|  |  | Pub/Tavern |  | Food Service |  | Canteen/Kitchen |  |
|  |  |  |  |  |  |  |  |
|  |  | Food Service |  | Distribution/Importer |  | Hospital/Nursing Home |  |
|  |  |  |  |  |  |  |  |
|  |  | Packer |  | Childcare Centre |  | Storage |  |
|  |  |  |  |  |  |  |  |
|  |  | Home Delivery |  | Transport |  | Temporary Food Premises |  |
|  |  |  |  |  |  |  |  |
|  |  | Restaurant/Cafe |  | Mobile Food Operator |  | Snack Bar/Take Away |  |
|  |  |  |  |  |  |  |  |
|  |  | Market Stall |  | Caterer |  | Meals-on-Wheels |  |
|  |  |  |  |  |  |  |  |
|  |  | Charitable/Community Organisation |  | Other |  |  |
|  |
| **Part 4 Additional Information about your type of business (if necessary)** |
|  | (For Example: butcher, bakery, seafood processor, soft drink manufacturer, milk vendor, service station) |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Part 5 Do you provide, produce or manufacture any of the following foods?** |
|  | Please tick **ALL** boxes that apply (you may choose more than one) |  |
|  |  | Prepared/Ready to Eat1 table meals |  | Confectionary |  | Frozen Meals |  |
|  |  |  |  |  |  |  |  |
|  |  | Infant/Baby Meals |  | Raw Meat/Poultry/Seafood |  | Bread/Pastries/Cakes |  |
|  |  |  |  |  |  |  |  |
|  |  | Fermented Meat Products |  | Dairy Products |  | Meat Pies/Sausage Rolls/Hotdogs |
|  |  |  |  |  |  |  |  |
|  |  | Prepared Salads |  | Sandwiches/Rolls |  | Soft Drinks/Juices |  |
|  |  |  |  |  |  |  |  |
|  |  | Raw Fruit/Vegetables |  | Processed Fruit/Vegetables |  | Egg or Egg Products |  |
|  |  |  |  |  |  |  |  |
|  |  | Other |  |  |
|  |
| **Part 6 Nature of Food Business** |
|  |  |  |
|  | Are you a small business2? |  | Yes |  | No |  |
|  |  |  |  |  |  |  |  |
|  | Is the food that you provide, produce or manufacture ready to eat1 when sold to the customer? |  | Yes |  | No |  |
|  |  |  |  |  |  |  |  |
|  | Do you directly supply or manufacture food for organisations that cater to vulnerable persons3? |  | Yes |  | No |  |
|  |
| **Part 7 To be answered by Manufacturing/Processing Business only** |
|  |  |  |
|  | Do you manufacture or produce products that are not shelf stable? |  | Yes |  | No |  |
|  |  |  |  |  |  |  |  |
|  | Do you manufacture or produce fermented meat products such as salami? |  | Yes |  | No |  |
|  |
| **Part 8 To be answered by Food Service and Retail Businesses only (including charitable & community organisations, market stalls & temporary food premises)** |
|  |  |  |
|  | Do you sell ready to eat1 food at a different location from where it is prepared? |  | Yes |  | No |  |
|  |
| **Part 9 Hours of Operation** |
|  |  | From |  | To |  | From |  | To |  |
|  | Monday |  |  |  | Friday |  |  |  |  |
|  |  |  |
|  | Tuesday |  |  |  | Saturday |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Wednesday |  |  |  | Sunday |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Thursday |  |  |  |  |  |  |  |  |
|  |
| **Part 10 Declaration** |
|  | I, the person making this application declare that:The information contained in this application is true and correct in every particular;**The Registration Fee of $120.00 (Low Risk level previously determined by Shire Health Officer) is enclosed with this application.** |  |
|  | Signature of Applicant |  | Date |  |
|  |  |  |  |  |
|  | In the case of a company, the signing officer must state his/her position. |  |
|  |
| **Part 11 Return form to** |
|  | Shire of DardanupHealth Department1 Council Drive/PO Box 7016EATON WA 6232Phone: (08) 9724 0355 Fax: (08) 9724 0091Email: records@dardanup.wa.gov.au1. ‘Ready to Eat’ means food that is ordinarily consumed in the same state 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
3. Standard 3.3.1 Australia, New Zealand Standards Code
 |  |