



**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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

<input type="checkbox"/> Manufacturer/Processor	<input type="checkbox"/> Hotel/Motel/Guesthouse	<input type="checkbox"/> Retailer
<input type="checkbox"/> Pub/Tavern	<input type="checkbox"/> Food Service	<input type="checkbox"/> Canteen/Kitchen
<input type="checkbox"/> Food Service	<input type="checkbox"/> Distribution/Importer	<input type="checkbox"/> Hospital/Nursing Home
<input type="checkbox"/> Packer	<input type="checkbox"/> Childcare Centre	<input type="checkbox"/> Storage
<input type="checkbox"/> Home Delivery	<input type="checkbox"/> Transport	<input type="checkbox"/> Temporary Food Premises
<input type="checkbox"/> Restaurant/Cafe	<input type="checkbox"/> Mobile Food Operator	<input type="checkbox"/> Snack Bar/Take Away
<input type="checkbox"/> Market Stall	<input type="checkbox"/> Caterer	<input type="checkbox"/> Meals-on-Wheels
<input type="checkbox"/> Charitable/Community Organisation	<input type="checkbox"/> Other	<input type="text"/>

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)

<input type="checkbox"/> Prepared/Ready to Eat ¹ table meals	<input type="checkbox"/> Confectionary	<input type="checkbox"/> Frozen Meals
<input type="checkbox"/> Infant/Baby Meals	<input type="checkbox"/> Raw Meat/Poultry/Seafood	<input type="checkbox"/> Bread/Pastries/Cakes
<input type="checkbox"/> Fermented Meat Products	<input type="checkbox"/> Dairy Products	<input type="checkbox"/> Meat Pies/Sausage Rolls/Hotdogs
<input type="checkbox"/> Prepared Salads	<input type="checkbox"/> Sandwiches/Rolls	<input type="checkbox"/> Soft Drinks/Juices
<input type="checkbox"/> Raw Fruit/Vegetables	<input type="checkbox"/> Processed Fruit/Vegetables	<input type="checkbox"/> Egg or Egg Products
<input type="checkbox"/> Other	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

Part 6 Nature of Food Business

Are you a small business ² ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the food that you provide, produce or manufacture ready to eat ¹ when sold to the customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you directly supply or manufacture food for organisations that cater to vulnerable persons ³ ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 7 To be answered by Manufacturing/Processing Business only

Do you manufacture or produce products that are not shelf stable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you manufacture or produce fermented meat products such as salami?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 eat ¹ food at a different location from where it is prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Part 9 Hours of Operation

	From	To		From	To
Monday	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Friday	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Tuesday	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Saturday	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Wednesday	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Sunday	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Thursday	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			

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 \$105.00 (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 Dardanup
Health Department
1 Council Drive/PO Box 7016
EATON WA 6232

Phone: (08) 9724 0355 Fax: (08) 9724 0091
Email: records@dardanup.wa.gov.au

¹ '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