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|  | | | | | | | | | | | | | **REGISTRATION FORM**  **VERY LOW RISK FOOD PREMISES**  ***Food Act 2008***  **FORM 103** | | | | | | | | | | | | | | | | | | | Date stamp | | | | | | |
| **Part 1 Proprietor/Business Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Applicant/Owner Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Postal Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | ABN | | | | | | | | | | | | | | | | | | | | | |  | | Email | | | | | | | | | | | | |  |
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|  | Phone | | | | | | | | | | | | | | | | | | | | | |  | | Mobile | | | | | | | | | | | | |  |
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|  | Phone A/H | | | | | | | | | | | | | | | | | | | | | |  | | Fax | | | | | | | | | | | | |  |
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|  | 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 | | | | | | | | | | | | |  |
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|  | Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **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 $60.00 (Very 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |