



**REGISTRATION FORM  
HIGH RISK FOOD PREMISES  
Food Act 2008  
FORM 88**

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"/>
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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 <sup>1</sup> 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	<input style="width: 700px;" type="text"/>	

**Part 6 Nature of Food Business**

Are you a small business <sup>2</sup> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the food that you provide, produce or manufacture ready to eat <sup>1</sup> 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 <sup>3</sup> ?	<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 <sup>1</sup> food at a different location from where it is prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Part 9 Hours of Operation**

	From	To		From	To
Monday	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Friday	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Tuesday	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Saturday	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Wednesday	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Sunday	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Thursday	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>			

**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 \$289.00 (High Risk level previously determined by Shire Health Officer) is enclosed with this application.**

Signature of Applicant	Date
<input style="width: 500px; height: 30px;" type="text"/>	<input style="width: 300px; height: 30px;" type="text"/>

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

<sup>1</sup> 'Ready to Eat' means food that is ordinarily consumed in the same state which it is sold  
<sup>2</sup> Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector  
<sup>3</sup> Standard 3.3.1 Australia, New Zealand Standards Code