

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		Email				
Phone		Mobile				
Phone A/H		Fax				
Primary Language Spoken		Number of Equivalent Fulltime S	taff			
Part 2 Premises Details (if food vehicle/temporary food busing Trading Name	ness please provide	details of where the vehicle is garage	d)			
Lot No Street No Street Name						
Suburb			Post Code			
Phone		Mobile				
THORE		WODIE				
_Email						
Name of Person in Charge Title (if different from Proprietor)						
Details of Food Vehicle (IF APPLICABLE) eg: Regis	stration No, Make, N	Model				
Details of any Associated Premises						
Part 3 Description of Use of Premises Manufacturer/Processor	Hotel/Motel/	Guesthouse	Retailer			
Pub/Tavern	Food Service	<u> </u>	Canteen/Kitchen			
Food Service	Distribution/l	<u> </u>	Hospital/Nursing Home			
Packer	Childcare Ce	ļ.	Storage			
Home Delivery	Transport		Temporary Food Premises			
		Operator				
Restaurant/Cafe	Mobile Food	Operator	Snack Bar/Take Away			
Market Stall	Caterer		Meals-on-Wheels			
Charitable/Community Organisation	Other					

	nation about your type of bus	siness (if necessary) cessor, soft drink manufactur	er milk vendor servi	ce station)					
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	produce or manufacture any poxes that apply (you may c								
Prepared/Re	eady to Eat ¹ table meals	Confectionary		Frozen Meals					
Infant/Baby N	Meals	Raw Meat/Pou	ltry/Seafood	afood Bread/Pastries/Cakes					
Fermented M	Meat Products	Dairy Products	Dairy Products			Meat Pies/Sausage Rolls/Hotdogs			
Prepared Sa	lads	Sandwiches/Re	olls	Soft Drinks/Juices					
Raw Fruit/Ve	egetables	Processed Fru	Processed Fruit/Vegetables Egg or Egg Products						
Other	Other								
Part 6 Nature of Food E	Business								
Are you a small b	usiness ² ?		Yes No						
Is the food that you provide, produce or manufacture ready to eat1 when sold to the custor				,	Yes No)			
Do you directly supply or manufacture food for organisations that cater to vulnerable persons ³ ?					Yes No)			
Part 7 To be answered	by Manufacturing/Processing	g Business only							
Do you manufacture or produce products that are not shelf stable?					Yes No	•			
Do you manufacto	Do you manufacture or produce fermented meat products such as salami?				Yes No)			
Part 8 To be answered	by Food Service and Retail B	Businesses only (including char	ritable & community o	rganisations, marke	t stalls & temporary food	premises)			
Do you sell ready	to eat¹ food at a different lo	ocation from where it is prepa	red?		Yes No	•			
Part 9 Hours of Operati	_	То		From	То				
Monday	From	10	Friday	FIOIII	10				
Tuesday			Saturday						
Wednesday			Sunday						
Thursday									
Part 10 Declaration									
I, the person mak	ing this application declare	that:							
The inform	ation contained in this appli	ication is true and correct in e	very particular;						
The Regis	tration Fee of \$260.00 (Hig	gh Risk level previously de	termined by Shire H	lealth Officer) is e	enclosed with this app	lication.			
Signature of Appl	icant		Date	e					
	1 3 0	must state his/her position.	,						
Part 11 Return form to		China of D	and an un						
		Shire of D Health Dej 1 Council Drive, EATON W	partment PO Box 7016						
Phone: (08) 9724 0355 Fax: (08) 9724 0091 Email: records@dardanup.wa.gov.au									
² Is a bus	to Eat' means food that is on siness that employs less that ard 3.3.1 Australia, New Zea	ordinarily consumed in the sa an 50 people in the 'manufact lland Standards Code	me state which it is s uring sector' or less	old than 10 people in t	the 'food services' secto	ir			