

FOOD BUSINESS REGISTRATIONFood Act 2008

Proprietor Contact Details								
Proprietor's Name:								
Postal Address:								
Email Address:								
Contact Phone Number:	Mobile:							
Primary Language Spoken:								
Food Business Details								
Business / Trading Name:								
ABN:								
Address of Food Business Premises:								
Tromises.								
Business Email Address:								
Business Phone Number:	Number of Full-Time Staff:							
Food Vehicle Details (if applicable)								
If food business requires or operates from a vehicle, please provide details of where the vehicle is/would be garaged:								
Name & position of person in								
charge (if different from proprie	or):							
Details of food vehicle (make, n	odel							
& registration number):								
Details of any associated premi	ses:							



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Us	e of Premises Description								
Ple	ase tick <u>all</u> boxes that apply:								
	Canteen / kitchen			Hospital / nursing hon	ne		Pub / tavern		
	Caterer			Hotel / motel / guesth	ouse		Restaurant / café		
	Charitable or community organ	nisation		Manufacturer / proces	sor		Retailer		
	Childcare centre			Market stall			Snack bar / take-away		
	Distributor / importer			Meals-on-Wheels			Storage		
	Food service			Mobile food operator			Temporary food premises		
	Home delivery			Packer			Transport		
	Other (please specify):		1						
Do	you provide, produce, or	manufa	actui	e any of the followi	ng fo	oods?			
Ple	ase tick <u>all</u> boxes that apply:								
	Bread, pastries, or cakes	Fro	zen n	neals		Process	sed fruit & vegetables		
	Confectionary	☐ Infa	ant or	baby foods			ssed meat, poultry, or seafoo ysters)		
						(eg, oys			
	Dairy products		at pie t dogs	s, sausage rolls, or					
	Dairy products Egg or egg products	☐ hot	t dogs			Raw fru	sters)		
		☐ Preme	t dogs epared eals	-		Raw fru	uit & vegetables		



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Nature of Foo	d Business										
Are you a small b	Are you a small business ¹ ?										
Is the food you pr	he food you provide, produce, or manufacture ready-to-eat when sold to the customer?2										
Do you process th	process the food you produce or provide before sale or distribution?										
Do you directly su	directly supply or manufacture food for organisations that cater to vulnerable persons ³ ?										
To be answered by manufacturing/processing businesses only:											
Do you produce o	Do you produce or manufacture products that are not shelf stable? Yes No										
Do you produce o	Do you produce or manufacture fermented meat products such as salami? Yes No										
	To be answered by food service and retail businesses only (including charitable and community organisations, market stalls, and temporary food premises):										
Do you sell ready	-to-eat food at a	a differe	ent location from	where it is p	repared?			Yes 🗌	No 🗌		
Hours of Oper	ation										
Sunday:	Мс	nday:		Tuesday:		V	/ednesda	y:			
Thursday:	Fri	day:		Saturday:							
Recall Contac	et										
First Name:				Surname							
Email:											
Phone:				A/H Pho	ne:						
Declaration											
 I, the person making this application, declare that: The information contained in this application is true and correct. The prescribed fee of \$is enclosed with this application. 											
Applicant's Sign	ature:					Date:					



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Company Position (if applicable):