Food Act 2008 Notification/Registration Form

Sketch of stall layout attached:

Current business registration attached:

☐ Yes

☐ Yes

☐ No

☐ No

Total no. pages:



PO Box 614 Kununurra 6743 20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

- 9168 4100
- F | 9168 1798
- E | mail@swek.wa.gov.au

W | www.swek.wa.gov.au

ropriet	or/Busi	ness deta	iils						8.00am - 4.00pm MON -
Proprie	tor Nar	me:							
Postal A	Addres	s:							
ABN:									
Phone:				A/H:			ı	Fax:	
Email:									
Numbe	r of eq	uivalent fu	ull time staff	:					
						m a home-based the vehicle is gard		iness. I	If registering a food
Tradin	g Nam	e:							
Addre	ss of P	remises							
Phone)								
Email									
Name	of pers	son in cha	rge and title	e (if diffe	erent from	n proprietor):			
Details	s of foo	d vehicle	(make, mod	del, reg	istration p	olate):			
will be to be a	prepar home-	red) Note based foo	only food bu	usiness	es classif	ied as low risk	can pi	repare	e detail of where food e food at home. If proposing on to prepare and sell food
ecall C	ontact								
Name									
Phone									
Email			A/H: Fax			:			
	Date Rec			Officer:					APPROVED
	Documen	t No:	PH.12.2	Fee:		\$			
ы Z	File:	PLI attached:	гп.12.2	Receipt Yes		General Ledger:	1070414		

Description and use of Premises

	•						
Pleas	se tick ALL boxes that apply (there may be	more th	nan one)				
	Manufacturer/Processor		Hotel/Motel/Guesthouse				
	Retailer		Pub/tavern				
	Food Service		Canteen/Kitchen				
	Distributor/Importer		Hospital/Nursing home				
	Packer		Childcare Centre				
	Storage		Home Delivery				
	Transport		Temporary Food Premises				
	Restaurant/café		Mobile Food Operator				
	Caterer		Charitable or Community Organisation				
	Meals on Wheels		Other:				
(For ex	Please provide more details about your type of business For example: aged care, restaurant, butcher, bakery, seafood processor, service station, delicatessen. It business is a catering business, please provide maximum patrons estimate. If a temporary stall where						
will food	d be sold)						
	Do you Provide, produce or manufacture a	ny of the	following foods?				
Please	e tick ALL boxes that apply (there may be	more th	an one)				
	Prepared, ready to eat ¹ table meals		Confectionary				
	Frozen Meals		Infant or baby foods				
	Raw meat, poultry or seafood (i.e. oysters)		Breads, pastries or cakes				
	Processed meat, poultry or seafood		Egg or egg products				
	Fermented meat products		Dairy products				
	Meat pies, sausage rolls or hot dogs		Prepared salads				
	Sandwiches or rolls		Other (please specify):				
	Soft drinks/ juices						
	Raw fruit and vegetables						
	Processed fruit and vegetables						

Nature of Business		Yes	No
Are you a small business ² ?			
Is the food that you provide, produce of the Customer?			
Do you process the food that you pr distribution?	roduce or provide before sale or		
Do you directly supply or manufacture vulnerable persons ³ ?	r food for organisations that cater to		
4.1 To be answered by Manufacturin	g/Processing business only		
Do you manufacture or produce produc	cts that are not shelf stable?		
Do you manufacture or produce fer	mented meat products such as salami?		
4.2 To be answered by food servi community organisations, market st	ce and retail businesses only (includir alls and temporary food premises):	g charitab	le and
Do you sell ready-to-eat food at a d prepared?	lifferent location from where it is		
•	rily consumed in the same state as in which it is s		
² Is a business that employs less than 50	people in the 'manufacturing sector' or less that	n 10 people i	n the
'food services' sector 3 Standard 3.3.1 Australia New Zealand F	ood Standards Code		
Hours of operation:			
Monday	Friday		
Tuesday	Saturday		
Wednesday	Sunday		
Thursday	P/Holidays		
If a temporary food business, do	ates of operation:		
Start Date	Finish Date		
Food Business registration and a	administration fees:		
Registration of a food business	\$70.0)0	
Temporary Food Stall Notification (if no	ot exempt) \$70.0)0	
Transfer of food business licence/owne	50		
1. Declaration:			
I, the person making this application d	declare that:		
	his application is true and correct in every part the Shire upon lodgement of this form	rticular	
Signature of applicant:	Date:		
In the case of a company, the signing office	cer must state position in the company		

Payment Options

For payment of the \$70 Food Business Notification Registration Fee, or the \$110.50 Transfer of a food business licence/ownership fee, please see below payment options

Option 1

Payment can be made either by cash or cheque, made payable to the Shire of Wyndham East Kimberley and quote GL Code 1070414; please state your name and/or Business Name.

Option 2

To pay by credit card, phone 9168 4100 with your credit card details and quote GL Code 1070414; please state your name and/or Business Name.

OR

Complete the details below and send in with your completed Notification Registration Form

Amount:					
Name on card:					
Card Number:					
CCV – credit card verification (3-digit number on back of card):					
Expiry date: Signature:					

Please note:

All food businesses will require risk assessments to determine the overall risk rating of the business activities; these assessments will incur a fee as per the below table. This risk assessment fee, along with the Food Business Notification Registration Fee is a once off fee.

Food Business Assessment of Food Business Fees

High risk – Food Business Assessment	\$315.00
Medium risk – Food Business Assessment	\$168.00
Low risk – Food Business Assessment	\$84.00

In addition to the above, food businesses are subject to annual surveillance charges which are invoiced yearly (calendar year), based on the food business risk rating. Please refer to the below table for the annual food business fees

High risk – Annual Surveillance Charge	\$514.50
Medium risk – Annual Surveillance Charge	\$341.50
Low risk – Annual Surveillance Charge	\$173.50

Account Application

1) 2) 3) 4) 5)

1. BUSINESS DETAILS								
Registered Name								
Trading As								
ABN/ACN Number								
Years Trading								
Trading Address								
Postal Address								
Credit Limit Requested	\$							
2. CONTACT DETAILS								
Contact Name/s								
Phone (Business hours)			Phone (After hours)					
Mobile Number			Fax Number					
Email address			I would like to receive i		□Yes	☐ No		
** Note that if you select to re 3. REFEREES Please supply the names of (Not utilities, lawyers, acco	of the three referees – bu	sinesses t				,		
Name			Contact Number					
Declaration - I certify (as signal make this application on behalf of the Agrees to pay the amount on Shire Acknowledges that after 35 days per Consents to the Shire performing a Acknowledges that all fees incurred Agrees to advise the Shire of any characteristics.	the 'Debtor'. I acknowledge and invoices on or before 35 days nalty interest will accrue at the credit reference check and mal by the Shire in relation to deb	d accept the from date of e prescribed king other e ot collection	Terms and Conditions as listed of invoice. rate on all outstanding amounts nquiries to enable the Shire to will be on-charged to the debto	below: s. decide whethe				

Signature Date / / Print Name
PLEASE RETURN TO THE DEBTORS OFFICER BY POST, EMAIL OR FAX PROVIDED