# **FOOD ACT 2008 (WA)**

# FOOD BUSINESS NOTIFICATION FORM / APPLICATION FOR REGISTRATION

# **PREMISES DETAILS**

Trading Name/s (including delivery app profiles):					
Address of Premises (if food vehicle/temporary food business please provide details of where the vehicle is garaged):					
House No:	Street Name:				
Suburb:	Suburb: Postcode:				
Phone:					
E-mail:					
Postal Address (ALL correspondence	e will be sent to this address):				
House No:	Street Name:				
Suburb:		Postco	ode:		
Name of person and position in char	ge (if not the proprietor):				
Details of food vehicle (make, model	, registration plate):				
Details of any associated premises:					
PROPRIETOR DETAILS Proprietor 1					
Name of Proprietor: First Name (or corporate name):					
Mr/Mrs/Ms/Miss Last or Family Name:					
Residential Address:					
ABN: Date of Birth:		f Birth:			
Phone: Mobile:			e:		
Email:					
Primary language spoken: Number of equivalent full time staff:			Number of equivalent full time staff:		

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# **Proprietor 2**

Name of Proprietor:	First Name (or corporate name):			
Mr/Mrs/Ms/Miss	Last or Family Name:			
Residential Address:				
Postal Address ( ALL corr	respondenc	e will be sent to this address):		
House No: Street Name:		Street Name:		
Suburb:		Postcode:		
ABN:		Date of Birth:		
Phone:		Mobile:		
Email:				
Primary language spoken:			Number of equivalent full time staff:	

# **DESCRIPTION OF USE OF PREMISES** (Tick all boxes that apply – there may be more than one)

0	Primary Production	0	Hotel/Motel/Guesthouse/B&B
0	Manufacturer/Processor	0	Pub/tavern
0	Retailer	0	Canteen/Kitchen
0	Food service	0	Hospital/Nursing home
0	Distributor/Importer	0	Childcare centre
0	Packer	0	Family Day Care
0	Storage	0	Temporary food premises
0	Transport	0	Mobile food operator
0	Restaurant/Café	0	Market stall
0	Snack bar/Takeaway	0	Home delivery
0	Caterer	0	Charitable or Community organisation
0	Other:		

# PLAN/DIAGRAM OF KITCHEN, FOOD VEHICLE OR STALL

Provide a detailed plan/diagram showing the layout of your proposed food business kitchen, food vehicle or food stall. The plan should location of cooking equipment, washing sinks, dishwashers, hand wash basins, food & equipment storage, cool rooms, exhaust canopies etc.

#### PLEASE PROVIDE MORE DETAILS ABOUT YOUR TYPE OF BUSINESS

(For example: butcher, seafood processor, service station, bakery - preparing and baking bread, pastries, cakes, pies and sausage rolls. Pies and sausage rolls are heated for direct sale. If business is a catering business, estimate maximum patrons)

# DO YOU PROVIDE, PRODUCE OR MANUFACTURE ANY OF THESE FOODS? (Tick all boxes that apply)

- Prepared, ready to eat¹ table meals
- Frozen meals
- Raw meat, poultry or seafood (i.e. oysters)
- Processed meat, poultry or seafood
- Fermented meat products
- Meat pies, sausage rolls or hot dogs
- Sandwiches or rolls
- Soft drinks/juices/beverages
- Other:

- Raw fruit and vegetables
- Processed fruit and vegetables
- Confectionery
- Infant or baby foods
- Bread, pastries or cake
- Egg or egg products
- Dairy products
- Prepared salads

### **NATURE OF FOOD BUSINESS**

	Yes	No
Are you a small business <sup>2</sup> ?		
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?		
Do you process the food that you produce or provide before sale or distribution?		
Do you directly supply or manufacturer food for organisations that cater to vulnerable persons <sup>3</sup> ?		

<sup>&</sup>lt;sup>1</sup> 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

<sup>&</sup>lt;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>&</sup>lt;sup>3</sup> Standard 3.3.1 *Australia New Zealand Food Standards Code* 

To be answered by manufacturing/processing businesses only:					No	
Do you manufacture or produce products that are not shelf stable?						
Do you manu	facture or produce fermented meat produ	ıcts such as salami?	,			
	To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):					
Do you sell re	eady-to-eat food at a different location fro	m where it is prepar	ed?			
HOURS OF	OPERATION					
Monday		Friday				
Tuesday		Saturday				
Wednesday		Sunday				
Thursday						
RECALL/E	MERGENCY CONTACT:					
First Name:						
Last or Family I	Name:					
Phone:		Mobile:				
E-mail:						
Declaration	1:					
•	on completing this notification / app to true and correct in every particular.	lication for registr	ation form declare	that all	details	
	Name of Applicant		ature of Applicant		_	
	Νάπιο οι Αρμισαπι	Signa	ature or Applicant			
Date:	Position:					
	In the case of a c	company the signing	officer must state nositi	on in the c	omnany	

In the case of a company, the signing officer must state position in the company

Please forward the completed notification/application for registration form and kitchen diagram to the City of Gosnells, 2120 Albany Highway, Gosnells WA 6110, or by mail to PO Box 662, Gosnells WA 6990 or via email to <a href="mailto:info@gosnells.wa.gov.au">info@gosnells.wa.gov.au</a>

[For clarification or assistance please contact City of Gosnells Health Services on 9397 3904]

APPLICATION FEES	Number	Rate	Total
Application for Registration Fee – New Food Business		\$217	
Application for Registration Fee – Existing Food Business		\$79	
Notification fee (for Exempt Premises only)		\$67	
		Total:	

ANNUAL RISK ASSESSMENT/INSPECTION FEES*					
High Risk	\$528 Primary Classification	\$260 per additional classification/s			
Medium Risk	\$456 Primary Classification	\$228 per additional classification/s			
Low Risk	\$262 Primary Classification	\$132 per additional classification/s			
Very Low Risk	No fee				
School Canteen	50% concession				
Community Association	No fee				
Mobile Food Business	\$116				
Home Business	\$116				

<sup>\*</sup> Fees pro rata (calculated on a monthly basis, or part thereof, for any period prior to 30 June each year)