

# Application for Notification/Registration of Food Business for Fixed Food Business

## Note:

1. For new businesses, read the [Guide to design, construction and fit-out of a food business](#) and [Guide to the operation of a food business](#)
2. Refer to the [Starting a Commercial Food Business Checklist](#) for more information about the process.
3. Fees to be paid upon application. Fee increase may apply on 1 July each financial year, refer to schedule of fees.
4. Expedited service fee of \$156 apply for applications received between 3-10 working days before the approval is required. This fee will apply to applications from community, sporting and not-for-profit groups.
5. No fees apply for community, sporting and not-for-profit groups (if no liquor licence).
6. Submitting this application does not automatically result in an approval.
7. Please allow 14 business days processing time.
8. Completed form with attachments to be emailed to: [health@kwinana.wa.gov.au](mailto:health@kwinana.wa.gov.au) An invoice will be provided upon application. Please do not email credit card details.

## Food Business Details

Organisation name:	
Trading name:	
Please provide name of existing business if previously register:	
Address of Premises:	
Postal address if different from above:	
ABN:	ACN (if applicable)
Phone:	Mobile:
Email:	Email for invoicing:
Preferred Method of Contact:	Primary Language spoken:
Number of equivalent full-time staff:	

## Proprietor's Details *(the Proprietor is the person who conducts or is in charge of the food business)*

Proprietor's full name (person's name):	
Proprietor's residential address:	
Phone:	Mobile:
Email:	Primary Language spoken:

## Details of Site Manager or Person Delegated by Proprietor *(if different from proprietor)*

Full name (person's name):	
Position title:	
Phone:	Mobile:
Email:	Primary language spoken:

**Hours of Operation**

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		Public Holidays	

**Potable Water Supply**

Scheme water       Rainwater tank       Bore water       Other \_\_\_\_\_

**Description of Use of Premises**

**(i) Type of business** (Please rate top three activities carried out on the premise, where 1 = main activity)

- |   |   |
|---|---|
| <input type="checkbox"/> Manufacturer/processor               | <input type="checkbox"/> Primary producer       |
| <input type="checkbox"/> Retailer                             | <input type="checkbox"/> Hotel/motel/guesthouse |
| <input type="checkbox"/> Food service                         | <input type="checkbox"/> Pub/tavern             |
| <input type="checkbox"/> Canteen/kitchen                      | <input type="checkbox"/> Distributor/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"/> Charitable or community organisation | <input type="checkbox"/> Restaurant/cafe        |
| <input type="checkbox"/> Primary processor                    | <input type="checkbox"/> Snack/takeaway         |
| <input type="checkbox"/> Caterer                              | <input type="checkbox"/> Meals on wheels        |
| <input type="checkbox"/> Family Day Care Centre               | <input type="checkbox"/> Other _____            |

**(ii) If you have indicated that your business is a charitable or community organisation in Section 6A (i), is the organisation an incorporated association under the *Associations Incorporation Act* and/ or licensed under the *Charitable Collections Act*?**

(Note: Incorporation of an association means that it becomes a legal entity in its own right, separate from the individual members.)

- Incorporated association under *Associations Incorporation Act*
- Licensed under the *Charitable Collections Act*
- None of the above

If none of the above, please indicate the purpose of your charitable or community organisation:

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**B. Please provide more details about your type of business**

(For example: family day care, butcher, bakery, seafood processor, packing shed, service station.  
If business is a catering business, please provide maximum patrons estimate)

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**C. Please provide details of seating (if applicable)**

Internal - no. of seats for dining

Internal - no. of seats for waiting

External - no. of seats for dining

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**D. Do you provide, produce or manufacture any of the following foods or goods?**

(Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Prepared, ready to eat <sup>1</sup> table meals | <input type="checkbox"/> Juices                       |
| <input type="checkbox"/> Frozen meals                                    | <input type="checkbox"/> Confectionary                |
| <input type="checkbox"/> Raw meat, poultry or seafood (i.e. oysters)     | <input type="checkbox"/> Bread, pastries or cakes     |
| <input type="checkbox"/> Processed meat, poultry or seafood              | <input type="checkbox"/> Egg or egg products          |
| <input type="checkbox"/> Fermented meat products                         | <input type="checkbox"/> Dairy products               |
| <input type="checkbox"/> Meat pies, sausage rolls or hot dogs            | <input type="checkbox"/> Beverage and drinks          |
| <input type="checkbox"/> Sandwiches or rolls                             | <input type="checkbox"/> Prepared salads              |
| <input type="checkbox"/> Raw fruit and vegetables                        | <input type="checkbox"/> Liquor and liquor products   |
| <input type="checkbox"/> Processed <sup>2</sup> fruit and vegetables     | <input type="checkbox"/> Tobacco and tobacco products |
| <input type="checkbox"/> Infant or baby foods                            | <input type="checkbox"/> Other _____                  |

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

<sup>2</sup> 'Process' means activity conducted to prepare food for sale; including chopping, cooking, drying, fermenting, heating, pasteurising, or a combination of these.

**E. Nature of food business**

**Yes No**

	Yes	No
Are you a small business <sup>3</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>4</sup> ?		

<b>To be answered by manufacturing/processing businesses only:</b>		
Do you manufacture or produce products that are not shelf stable <sup>5</sup> ?		
Do you manufacture or produce fermented meat products such as salami?		
<b>To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):</b>		
Do you sell ready to eat food at a different location from where it is prepared?		

<sup>3</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>4</sup> Is a person who is in care in a facility listed in Schedule of Standard 3.3.1 Australia New Zealand Food Standards Code or a client of a delivered meal organisation. Examples include (but are not limited to) aged care recipients, hospital patients, children in child care, respite patients, nursing home residents.

<sup>5</sup> Non-perishable food with a shelf life of many months to years.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The City of Kwinana is a Small Business Friendly Council and has a range of opportunities to support local small business. Please indicate if you would like to receive news and information about small business initiatives in the City of Kwinana*

## **Please Note:**

Approval is required from the City's Health Team in order to conduct a food business. An Environmental Health Officer will assess your application to determine if your proposed business is suitable for registration.

### **Your application must include the following details for all the activities to be undertaken:**

1. A scaled floor plan showing locations of handwash basins, sinks, hot water system, exhaust hood, openings, preparation benches, fridges, freezers, bain maries and food warmers, water tanks, refuse storage, personal belonging storage (if not previously submitted).
2. Food safety training certificate - see [FoodSafe® Program](#) - enter the City's unique discount code FSKWINA344 to receive the training.
3. Food recall plan (if applicable)- see [A guide to writing a food recall plan and conducting food recall](#)
4. Food safety program (applicable to aged care and child care centres and some high risk food production activities)

### **Legislation:**

The proposed premises is required to comply with the following legislation:

- [Food Act 2008 and Food Regulations 2009](#)
- [Food Standards Code](#)