

Food Business Registration



Proprietor/Business Details

Proprietor Name Required

Postal Address Required

ABN Required

Contact Number Required

Can We Contact You on this Number Outside of Business Hours? (Select 1 option) Required

- Yes
- No

Answer this question if you selected 'No' in *Proprietor/Business Details > Can We Contact You on this Number Outside of Business Hours?*

After Hours Contact Number Required

Email Required

Primary Language Spoken Required

Number of Equivalent Full-Time Staff Required

Premises Details

Is this Application for a Food Vehicle? (Select 1 option) Required

- Yes
- No

Trading Name Required

Answer this question if you selected 'No' in *Premises Details > Is this Application for a Food Vehicle?*

Address of Premises Required

Answer this question if you selected 'Yes' in *Premises Details > Is this Application for a Food Vehicle?*

Address Where Vehicle is Garaged Required

Is the Person in Charge Different to the Proprietor (Select 1 option)

- Yes
- No

Answer this question if you selected 'Yes' in *Premises Details > Is the Person in Charge Different to the Proprietor*

Name of Person in Charge Required

Answer this question if you selected 'Yes' in *Premises Details > Is the Person in Charge Different to the Proprietor*

Contact Number Required

Answer this question if you selected 'Yes' in *Premises Details > Is the Person in Charge Different to the Proprietor*

Email Required

Answer this question if you selected 'Yes' in *Premises Details > Is this Application for a Food Vehicle?*

Details of Food Vehicle (make, model, registration plate etc.) Required

Details of Associated Premises (include location of event if notification is for a temporary foodstall)

Description of Use of Premises (please tick all boxes that apply) (Select 1 or more options) Required

- Manufacturer/processor
- Retailer
- Food Service
- Distributor/importer
- Packer
- Storage
- Transport
- Restaurant/café
- Snack bar/takeaway
- Caterer
- Meals-on-wheels
- Hotel/motel/guesthouse
- Pub/tavern
- Canteen/kitchen
- Hospital/nursing home
- Childcare centre
- Home delivery
- Temporary food premises
- Mobile food operator
- Market stall
- Charitable or community organisation
- Other

Other - please provide details

Please Provide Details About your Type of Business Required

For example: butcher, bakery, seafood processor, soft drink manufacturer, milk vendor, service station, if business is a catering business, please provide estimate of maximum patrons

Do you Provide, Produce or Manufacture any of the Following Foods? (please tick all boxes that apply) (Select 1 or more options)

Required

- Prepared, ready to eat table meals (consumed in the same state as in which it is sold)
- Frozen meals
- Raw meat, poultry or seafood (oysters)
- Confectionery
- Infant or baby foods
- Bread, pastries or cakes
- Processed meat, poultry or seafood
- Fermented meat products
- Meat pies, sausage rolls or hot dogs
- Sandwiches or rolls
- Soft drinks/juices
- Raw fruit and vegetables
- Processed fruit and vegetables
- Egg or egg products
- Dairy products
- Prepared salads
- Other

Other - please provide details

Nature of Food Business

Are you a Small Business (employ less than 50 people in the manufacturing sector or less than 10 people in the food services sector)? (Select 1 option)

Required

- Yes
- No

Is the Food that you Provide, Produce or Manufacture Ready-to-Eat when Sold to the Customer? (Select 1 option)

Required

- Yes
- No

Do you Process the Food that you Produce or Provide Before Sale or Distribution? (Select 1 option)

Required

- Yes
- No

Do you Directly Supply or Manufacturer Food for Organisations that Cater to Vulnerable Persons (Standard 3.3.1 Australia New Zealand Food Standards Code)? (Select 1 option) Required

- Yes
- No

Answer this question if you made a selection that includes 'Manufacturer/processor' in *Premises Details > Description of Use of Premises* (please tick all boxes that apply)

Do you Manufacture or Produce Products that are not Shelf Stable? (Select 1 option) Required

- Yes
- No

Answer this question if you made a selection that includes 'Fermented meat products' in *Premises Details > Do you Provide, Produce or Manufacture any of the Following Foods?* (please tick all boxes that apply)

Do you Manufacture or Produce Fermented Meat Products such as Salami? (Select 1 option) Required

- Yes
- No

Answer this question if you:

- made a selection that includes 'Retailer' in *Premises Details > Description of Use of Premises* (please tick all boxes that apply)

Or if you:

- made a selection that includes 'Food Service' in *Premises Details > Description of Use of Premises* (please tick all boxes that apply)

Or if you:

- made a selection that includes 'Charitable or community organisation' in *Premises Details > Description of Use of Premises* (please tick all boxes that apply)

Or if you:

- made a selection that includes 'Market stall' in *Premises Details > Description of Use of Premises* (please tick all boxes that apply)

Or if you:

- made a selection that includes 'Temporary food premises' in *Premises Details > Description of Use of Premises* (please tick all boxes that apply)

Do you Sell Ready-to-Eat Food at a Different Location from where it is Prepared? (Select 1 option) Required

- Yes
- No

Hours of Operation (include dates of event if notification is for a temporary foodstall) Required

Days and Times, Event Date/s and Time/s

Recall Contact

Name and Surname Required

Contact Number Required

Is the Contact Available on this Number Outside of Business Hours? (Select 1 option) Required

- Yes
 No

Answer this question if you selected 'No' in Recall Contact > Is the Contact Available on this Number Outside of Business Hours?

After Hours Contact Number Required

Email Required

Declaration

I, the person making this application, declare that the information contained herein is true and correct in every particular.

Signature Required

Name

Date Required

<input type="text"/>							
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