



Shire of Coolgardie Food Notification / Registration Form

Food Act 2008

Notification

Registration

Change Business Activity

PROPRIETOR DETAILS

PROPRIETOR/S NAME

POSTAL ADDRESS

Lot no.	Street no.	Street
Suburb		

PHONE (H)

PHONE (W)

MOBILE

--	--	--

EMAIL ADDRESS

CONTACT PERSON

NUMBER OF FULL TIME STAFF

--	--

PREMISE DETAILS – IF FOOD VEHICLE/MOBILE FOOD BUSINESS, PLEASE PROVIDE DETAILS OF WHERE VEHICLE IS GARAGED

TRADING NAME

BUSINESS ADDRESS

POSTAL ADDRESS (If different to business address)

BUSINESS PHONE

MOBILE PHONE

--	--

EMAIL ADDRESS

NAME & POSITION OF PERSON IN CHARGE

LOCATIONS FOR PREPARING FOOD – Please tick all that apply

Commercial Premises	Address:
Residential Premises	Address:
Food Van	Garage Address:
Food Transport Vehicle/s	Garage Address:

***Please note – all premises involved in the preparation & transportation of food must comply with Health standards.*

VEHICLE MAKE	VEHICLE MODEL	VEHICLE REGISTRATION

DESCRIPTION OF USE OF PREMISES – please tick all that apply

<input type="checkbox"/>	Manufacturer / Processor	<input type="checkbox"/>	Hotel / Motel / Guesthouse
<input type="checkbox"/>	Retailer	<input type="checkbox"/>	Pub / Tavern
<input type="checkbox"/>	Food Service	<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"/>	Temporary Food Premise
<input type="checkbox"/>	Restaurant / Cafe	<input type="checkbox"/>	Mobile Food Operator
<input type="checkbox"/>	Snack bar / Takeaway	<input type="checkbox"/>	Market Stall
<input type="checkbox"/>	Caterer	<input type="checkbox"/>	Charitable or Community Organisation
<input type="checkbox"/>	Meals on Wheels	<input type="checkbox"/>	Other

Please provide more information on your business type (ie, Service Station, café, sports club catering/meals. If business is a catering business, please provide an estimate of maximum patrons.)

SUMMARY OF PRODUCTS TO BE SOLD – please tick all that apply

<input type="checkbox"/>	Prepared, ready to eat meals	<input type="checkbox"/>	Confectionary
<input type="checkbox"/>	Frozen meals	<input type="checkbox"/>	Infant or baby foods
<input type="checkbox"/>	Raw meat, poultry or seafood	<input type="checkbox"/>	Breads, pastries or cakes
<input type="checkbox"/>	Fermented meat products	<input type="checkbox"/>	Egg or egg products
<input type="checkbox"/>	Meat pies, sausage rolls or hot dogs	<input type="checkbox"/>	Dairy products
<input type="checkbox"/>	Sandwiches or rolls	<input type="checkbox"/>	Prepared salads
<input type="checkbox"/>	Soft drinks/Juices	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Raw fruits & vegetables		
<input type="checkbox"/>	Processed fruits & vegetables		

HOURS OF OPERATION

Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	

RECALL CONTACT

Name: _____

Phone (m): _____ Phone (other): _____

Email: _____



INFORMATION TO BE SUBMITTED

- Proof of approved Application for Development (Planning) Approval (where required)
- A floor plan showing the size and use of each room associated with the food business
- Photos showing the finishes of floors, walls, ceiling, benches
- Photos showing details such as handwashing facilities, exhaust canopies, fridges,

APPLICANT DECLARATION

By signing this document, I / we (the applicant/s) agree to abide with any Food Safety documentation provided to us by the Shire of Coolgardie in relation to this application, and that non-compliance may jeopardise any future applications made by us.

SIGNATURE

DATE

--	--

**Please note – associated application fees are non-refundable.*