

## Shire of Coolgardie Food Notification / Registration Form

Notific	cation $\square$	Registration [	Change Business Activity				
PROPRIETOR DETAILS PROPRIETOR/S NAME							
POST	AL ADDRESS						
Lot		Street no.	Street				
Sub	urb						
PHON	IE (H)	PHONE (W)	MOBILE				
FMAII	_ ADDRESS						
	TABBILLOO						
CONT	ACT 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							
POST	AL ADDRESS (If different to	business address)					
BUSINESS PHONE MOBILE PHONE							
		·					
	4000000						
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	<u>y:</u>				
	Food Transport Vehicle	/s Garage Address	); -				

<sup>\*\*</sup>Please note – all premises involved in the preparation & transportation of food <u>must</u> comply with Health standards.



VEHICLE MAKE	VEHICLE MODEL		VEHICLE REGISTRATION	
DESCRIPTION OF USE OF PRE	EMISES – please tick all that a	pply		
Manufacturer / Processor	production an array	Hotel / Motel / Guesthouse		
Retailer		Pub / Tavern		
Food Service		Canteen / Kitchen		
Distributor / Importer		Hospital / Nursing Home		
Packer		Childcare Centre		
Storage		Home Delivery		
Transport		Temporary Food	d Premise	
Restaurant / Cafe		Mobile Food Op	perator	
Snack bar / Takeaway		Market Stall		
Caterer		Charitable or Co	ommunity Organisation	
Meals on Wheels		Other		
please provide an estimate of maximum		ion, cale, sports club ca	tering/meals. If business is a catering business,	
SUMMARY OF PRODUCTS TO BE SOLD – please tick all that apply				
Prepared, ready to eat meals		Confectionary		
Frozen meals		Infant or baby fo		
Raw meat, poultry or seafood		Breads, pastries		
Fermented meat products	Jana	Egg or egg prod	ducis	
Meat pies, sausage rolls or hot of Sandwiches or rolls	logs	Dairy products		
		Prepared salads		
Soft drinks/Juices		Other (please sp	респу)	
Raw fruits & vegetables				
Processed fruits & vegetables				
HOURS OF OPERATION				
Monday		Tuesday		
Wednesday		Thursday		
Friday		Saturday		
Sunday		J		
RECALL CONTACT				
Name:				
Phone (m):	Pr	Phone (other):		
Fmail:				

E: health@coolgardie.wa.gov.au



## **INFORMATION TO BE SUBMITTED**

Proof of approved Application for Development (Planning) Approval (where require	red)					
A floor plan showing the size and use of each room associated with the food busi	iness					
Photos showing the finishes of floors, walls, ceiling, benches						
Photos showing details such as handwashing facilities, exhaust canopies, fridges	s, 🗖					
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.

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