

# Food Act 2008

## Registration of New Food Business 2024-2025 Financial Year

### Proprietor/Business details

#### 1. APPLICANT DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Proprietor or Company Director Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mobile: \_\_\_\_\_ Telephone: \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

#### 2. PROPERTY OWNER DETAILS (if different from applicant)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mobile: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### 3. PREMISES DETAILS

Lot No: \_\_\_\_\_ Street No: \_\_\_\_\_

Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Premises Trading as: \_\_\_\_\_

Type of Premises: \_\_\_\_\_

Intended use of Premises: \_\_\_\_\_

Description of Works: \_\_\_\_\_

Will a vehicle be used in association with the business  Yes  No

If yes provide details of vehicle – make: \_\_\_\_\_ model: \_\_\_\_\_

Registration: \_\_\_\_\_

Has Planning/Development Approval been granted for the premises to be used for the proposed purpose?  Yes D.A. Ref No: \_\_\_\_\_  No

Select the food types that your business provides, produces or manufactures (*tick all boxes that apply*)

#### High Risk Foods (examples)

- |   |   |
|---|---|
| <input type="checkbox"/> Raw meat, poultry or seafood     | <input type="checkbox"/> Processed meat, poultry or seafood                   |
| <input type="checkbox"/> Pasteurised milk, dairy products | <input type="checkbox"/> Fresh filled pasta, sandwiches or rolls              |
| <input type="checkbox"/> Cooked rice or lasagne,          | <input type="checkbox"/> Tofu <input type="checkbox"/> Other: (specify) _____ |

**Medium Risk Foods**

- Prepared salads
- Milk based confectionary
- Processed fruit, vegetables or juices

- Egg or egg products
- Raw fruit and vegetables
- Other: (specify) \_\_\_\_\_

**Low Risk Foods**

- Fats or oils
- Alcohol
- Grains, cereals, or breads

- Sugar based confectionary
- Carbonated drinks
- Other: (specify) \_\_\_\_\_

**Exempt foods**

- pre-package confectionary

- Pre-packaged low risk foods (uncooked rice etc)

**1. Activity of the Food Business (tick all boxes that apply)**

<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Meals on Wheels
<input type="checkbox"/> Butcher	<input type="checkbox"/> School canteen
<input type="checkbox"/> Baker	<input type="checkbox"/> Child Care Centre
<input type="checkbox"/> Fruit/Vegetables	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Health Foods	<input type="checkbox"/> Café/Tearoom
<input type="checkbox"/> Ice Cream	<input type="checkbox"/> Bed and Breakfast
<input type="checkbox"/> Fish Shop	<input type="checkbox"/> Caterer
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Seniors Centre, Nursing Home
<input type="checkbox"/> Fast Food/Take away	<input type="checkbox"/> Hospital
<input type="checkbox"/> Bar/Tavern (no food handling)	<input type="checkbox"/> Club (social, sporting etc.)
<input type="checkbox"/> Confectionery	<input type="checkbox"/> Function Centre
<input type="checkbox"/> Service Station	<input type="checkbox"/> Other (specify)

If you are a manufacturer or wholesaler, what types of food is your business involved in?

**2. Catering** **Yes No**

Do you sell ready-to-eat food at a different location from where it is prepared?	<input type="checkbox"/>	<input type="checkbox"/>
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**3. Method of Processing** **Yes No**

Is most food you provide to customers cooked or otherwise treated prior to sale to kill germs?	<input type="checkbox"/>	<input type="checkbox"/>
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**4. Customer Base** **Yes No**

Are you a food manufacturer employing less than 50 people?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a services industry employing less than 10 people?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a charitable (not for profit) organisation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sell <u>only</u> low risk pre packaged foods e.g. confectionery, soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>

**5. At Risk Groups** **Yes No**

Do you directly supply or manufacturer food for organisations that cater to vulnerable groups such as nursing homes, hospitals and childcare centres etc.?	<input type="checkbox"/>	<input type="checkbox"/>
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**6. Food Safety Program** **Yes No**

Does your business have an auditable Food Safety Plan as defined by FSANZ Code 3.3.1?	<input type="checkbox"/>	<input type="checkbox"/>
Has the food safety plan been submitted for verification?	<input type="checkbox"/>	<input type="checkbox"/>

**Applications may take up to 10 working days to process; it is therefore the applicant's responsibility to ensure that the application is submitted with enough time to ensure that all approvals are granted in time.**

**Declaration:**

I, the person making this application declare that:

- The information contained in this application is true and correct in every particular

**Signature of applicant:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name of applicant:** \_\_\_\_\_

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

**Application checklist (tick all applicable items required to be submitted with this application)**

Applications may take up to 10 working days to process; it is therefore the applicant's responsibility to ensure that the application is submitted with enough time to ensure that all approvals are granted in time.

- Application submitted 10 days prior to requested date: *(applications submitted late may not be approved in time)*
- Current certificate of currency *(public liability insurance)*
- Building/fit out floor plans showing layout and all services *(hand drawn will not be accepted)*
- Food safety certificates *(if qualified chefs then a trade certificate must be produced)*

**6. PAYMENT METHOD (Charities as defined under the Charities Act 2013 are exempt from fees)**

**FEE \$150.00**

**2024-2025 financial year**

Please indicate your preferred method of payment (\*call 9285 4300 to pay by phone):

- Cheque (please make payable to the Town of Claremont)
- Money Order (please make payable to the Town of Claremont)
- Credit card (Visa or Mastercard only)

**NOTE:** For security reasons, the Town of Claremont Health Services **cannot accept written credit card details.**

Therefore, please provide the name as displayed on your credit card, and sign below to **authorise** the Town of Claremont to **debit** that credit card.

**The Town of Claremont will contact you to obtain your credit card number.**

**Name on Card:** \_\_\_\_\_

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

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

**Privacy**

The personal information collected on this form will only be used by the Town of Claremont for the sole purpose of providing requested and related services. Information will be stored securely by the Town and will not be disclosed to any third parties without your express written consent.

I authorise the Town of Claremont to disclose to the Royal Agricultural Society of Western Australia, where the premises is within the Royal Agricultural Society of Western Australia grounds, information including outcomes of inspections and approvals.

**Copyright**

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