Office use only

Form 2B

PO Box 54, Claremont WA 6910

Food Act 2008

Notification of Change Food Business
2026-2027 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:_____
Trading Name: _____
Type of Premises:_____
Intended use of Premises:_____
Description of Works:_____

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

1. Food Type and Intended Use by Customer	Yes	No
Do you provide, produce or manufacture food that is ready-to-eat by the customer without further processing or cooking to destroy germs e.g. oysters, cold smoked seafood?		

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

High Risk Foods (examples)

☐ Raw meat, poultry or seafood
☐ Processed meat, poultry or seafood
☐ Pasteurised milk, dairy products
☐ Fresh filled pasta, sandwiches or rolls
☐ Cooked rice or lasagne
☐ Tofu ☐ Other: (specify) _____

Medium Risk Foods

☐ Prepared salads
☐ Egg or egg products
☐ Milk based confectionery
☐ Raw fruit and vegetables
☐ Processed fruit, vegetables or juices
☐ Other: (specify) _____

Low Risk Foods

☐ Fats or oils
☐ Sugar based confectionery
☐ Alcohol
☐ Carbonated drinks
☐ Grains, cereals, or breads
☐ Other: (specify) _____

Exempt foods

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

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

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

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

_____

_____

3. Catering	Yes	No
Do you sell ready-to-eat food at a different location from where it is prepared?		

4. Method of Processing	Yes	No
Is most food you provide to customers cooked or otherwise treated prior to sale to kill germs?		

5. Customer Base	Yes	No
Are you a food manufacturer employing less than 50 people?		
Are you a services industry employing less than 10 people?		
Are you a charitable (not for profit) organisation?		
Do you sell only low risk pre-packaged foods e.g. confectionery, soft drinks?		

6. 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.?		

7. Food Safety Program	Yes	No
Does your business have an auditable Food Safety Plan as defined by FSANZ Code 3.3.1?		
Has the food safety plan been submitted for verification?		

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)

☐ Application submitted 10 days prior to requested date: *(applications submitted late may not be approved in time)*

☐ Current ASIC business registration certificate *(must have your business name)*

☐ Current certificate of currency *(public liability insurance)*

☐ Building/fit out floor plans showing layout and all services *(2 copies to be submitted in either 1:100 or 1:200)*

☐ Food safety certificates *(if qualified chefs then a trade certificate must be produced)*

☐ Details of vehicle registration including photos of the vehicle *(if a vehicle is used to transport food then details are required)*

6. PAYMENT METHOD

FEE $67.00 2026-2027 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.

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Post: PO Box 54
CLAREMONT WA 6910

In person: Town of Claremont
308 Stirling Highway
Claremont WA 6010