



PROPRIETER / BUSINESS DETAILS

PROPRIETER NAME:

POSTAL ADDRESS:

ABN:

PHONE NUMBER:

A/H:

FAX:

EMAIL ADDRESS:

PRIMARY LANGUAGE SPOKEN:

NUMBER OF EQUIVALENT FULL TIME STAFF:

PROPRIETER DETAILS:

(If food vehicle/temporary food business please provide details of where the vehicle is garaged)

TRADING NAME:

ADDRESS OF PREMISES:

PHONE NUMBER:

EMAIL ADDRESS:

NAME OF PERSON IN CHARGE AND TITLE (IF DIFFERENT FROM PROPRIETOR):

DETAILS OF FOOD VEHICLE (MAKE, MODEL, REGISTRATION PLATE):

DETAILS OF ANY ASSOCIATED PREMISES (INCLUDE LOCATION OF EVENT IF NOTIFICATION IS FOR A TEMPORARY FOODSTALL):

DESCRIPTION OF USE OF PREMISES: (Please tick all boxes that apply- there may be more than one)

<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 Premises
<input type="checkbox"/>	Restaurant/Café	<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 DETAILS ABOUT YOUR TYPE OF BUSINESS:

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

PLEASE PROVIDE A DETAILED LIST BELOW OF THE TYPE OF PRODUCTS THAT YOU SELL:

(Eg, jam, chutney, cakes, pizza, sushi etc or provide a menu.)

DO YOU PROVIDE, PRODUCE OR MANUFACTURE ANY OF THE FOLLOWING FOODS?

(Please tick all boxes that apply- there may be more than one)

<input type="checkbox"/>	Prepared, ready to eat table meals	<input type="checkbox"/>	Confectionery
<input type="checkbox"/>	Frozen Meals	<input type="checkbox"/>	Infant or baby foods
<input type="checkbox"/>	Raw meat, poultry or seafood (oysters)	<input type="checkbox"/>	Bread, pastries or cakes
<input type="checkbox"/>	Processed meat, poultry or seafood	<input type="checkbox"/>	Egg or egg products
<input type="checkbox"/>	Fermented meat products	<input type="checkbox"/>	Daily products

<input type="checkbox"/>	Meat pies, sausage rolls or hot dogs	<input type="checkbox"/>	Prepared salads
<input type="checkbox"/>	Sandwiches or rolls	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Soft drink/juices	<input type="checkbox"/>	
<input type="checkbox"/>	Raw fruit and vegetables	<input type="checkbox"/>	
<input type="checkbox"/>	Processed fruit and vegetables	<input type="checkbox"/>	

'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold.

NATURE OF FOOD BUSINESS (PLEASE TICK)	YES	NO
Are you a small business?*	<input type="checkbox"/>	<input type="checkbox"/>
Is the food that you provide, produce or manufacture ready to eat when sold to the customer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you process the food that you produce or provide before sale or distribution?	<input type="checkbox"/>	<input type="checkbox"/>
Do you directly supply or manufacture food for organisations that cater to vulnerable persons?***	<input type="checkbox"/>	<input type="checkbox"/>
TO BE ANSWERED BY MANUFACTURING/PROCESSING BUSINESSES ONLY:		
Do you manufacture or produce products that are not shelf stable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture or produce fermented meat products such as salami?	<input type="checkbox"/>	<input type="checkbox"/>
TO BE ANSWERED BY FOOD SERVICE AND RETAIL BUSINESSES ONLY (INCLUDING CHARITABLE AND COMMUNITY ORGANISATIONS, MARKET STALLS AND TEMPORARY FOOD PREMISES):		
Do you sell ready-to-eat food at a different location from where it is prepared?	<input type="checkbox"/>	<input type="checkbox"/>

HOURS OF OPERATION: (Include dates of event if notification is for a temporary food stall)

MONDAY:	
TUESDAY:	
WEDNESDAY:	
THURSDAY:	
FRIDAY:	
SATURDAY:	
SUNDAY:	

RECALL CONTACT:

FIRST NAME:

LAST NAME:

PHONE NUMBER:

A/H:

FAX:

EMAIL ADDRESS:

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

SIGNATURE:

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

DATE:

*Is a food business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector.

**Standard 3.3.1 Australia New Zealand Food Standards Code.