

Offices: 22-24 Lowood Rd, Mt Barker Postal Address: PO Box 48, Mt Barker, WA, 6324

Phone: (08) 9892 1111 Email: info@sop.wa.gov.au

Food Act 2008Notification/Registration Form

Are you a Not for Profit organisation?						
YES (Evidence must be attache	ed e.g. Certific	cate of Incorporation)				
NO						
New Business Change of own	ership of exis	ting business *Alto	eration to existing busi	ness		
*Existing business name *There are prescribed fees associated w Please phone the Shire of Plantagenet o *Alteration to existing business includes	rith the lodgemer on 9892 1111 for	further information.	ils' annual budget.			
*A new business includes the change of	address of an e	xisting business, which mus	st be inspected by an Enviro	onmental		
Health Officer prior to operation.						
Proprietor/Business details						
Proprietor Name: (May be a company name, but must also	include the nar	me of a person)				
Postal Address:		. ,				
ABN:						
Phone:	A/H:		Fax:			
Email:						
Primary language spoken:		Number of equivalen	t full time staff:			
Premises details (if mobile or tell / marquee and equipment is store		l business please prov	ide details of where th	e vehicle		
Trading Name:						
Address of Premises:						
Phone:						
Email:						
Name of person in charge and titl	le (if different	from proprietor):				
Details of food vehicle (make, mo	odel, registrat	ion plate):				
Details of any associated premise	9 S:					
Bore water Rain wat	ter 🗌	tank prior to use in your Other (please	describe)	□NO		
*** If you have a combination sys	tem nlease ti	ck all sources that are	annlicable			

Plea	cription of use of premises				
	nse tick all boxes that apply (there may be more		•		
	Manufacturer/processor			otel/guesthous	е
	Retailer		Pub/tave		
	Food Service		Canteer	/kitchen	
	Distributor/importer		Hospital	nursing home	
	Packer		Childcar	e centre	
	Storage		Home d	elivery	
	Transport		Tempor	ary food premis	ses
	Restaurant/café		Mobile f	ood operator	
	Snack bar/takeaway		Market	stall	
	Caterer		Charitab	le or communi	ty organisation
	Meals-on-wheels		Other _		
	se provide more details about your type of				
•	example: butcher, bakery, seafood processo				
statio	on. If business is a catering business, please p	orovide	maximu	m patrons estin	nate)
_					
-					
Plea	ou provide, produce or manufacture any of	the fo	llowing	oods?	
	se tick all boxes that apply				
	ese tick all boxes that apply Prepared, ready to eat¹ table meals		1 Con	fectionary	
_ _	Prepared, ready to eat ¹ table meals Frozen meals		l Con	fectionary nt or baby food	
	Prepared, ready to eat ¹ table meals Frozen meals Raw meat, poultry or seafood (i.e. oysters)		Coni Infar Brea	fectionary nt or baby food: nd, pastries or o	cakes
	Prepared, ready to eat ¹ table meals Frozen meals Raw meat, poultry or seafood (i.e. oysters) Processed meat, poultry or seafood		Coning Infar	fectionary at or baby foods ad, pastries or o or egg product	cakes
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	Prepared, ready to eat¹ table meals Frozen meals Raw meat, poultry or seafood (i.e. oysters) Processed meat, poultry or seafood Fermented meat products Meat pies, sausage rolls or hot dogs		Confinence Infar Infar I Brea I Egg I Dair I Prep	fectionary of or baby foods of, pastries or of or egg product of products or eared salads	cakes
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¹ 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

² Is a business that employs less than 50 people in the 'manufacturing sector' or less than 10 people in the 'food services' sector

Do you process the food that you produce or provide before sale							
or distribution							
1	tly supply or manufacturer for	ood fo	r organisations	s that			
	erable persons ³ ?						
	ered by manufacturing/pro				y: 		
bo you ma	nufacture or produce prod	ducts	tnat are not	sneit			
	ufacture or produce fermer	nted m	neat products	such			
as salami?	didotare of produce former	ntou n	loat producto	odon			
	wered by food service a	and re	tail business	ses o	nly (including	charitable and	
	organisations, market sta				•	,	
	eady-to-eat food at a difference				,		
is prepared?	•						
Hours of op	eration:						
Monday			Friday				
Tuesday			Saturday				
Wednesday			Sunday				
Thursday							
Recall conta	act:						
First name							
Last name					1		
Phone		A/H:			Fax:		
Email							
If you are a	temporary or mobile food	vendo	or, do you giv	e peri	mission for yo	our contact	
details to be	e passed on to event orga	nisers	? YES		NO 🗌		
Declaration	:						
I, the person	making this application dec	clare th	at:				
 the inforr 	nation contained in this app	lication	n is true and co	orrect	in every particu	ılar	
Signature of	f applicant:						
In the case of a	company, the signing officer mus	st state p	osition in the com	npany			
5 .							
Date:							

³ Standard 3.3.1 Australia New Zealand Food Standards Code