

Food Act 2008

Notification of Change 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: _____

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

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?	Yes	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

- | | |
|--|---|
| <input type="checkbox"/> Prepared salads | <input type="checkbox"/> Egg or egg products |
| <input type="checkbox"/> Milk based confectionery | <input type="checkbox"/> Raw fruit and vegetables |
| <input type="checkbox"/> Processed fruit, vegetables or juices | <input type="checkbox"/> Other: (specify) _____ |

Low Risk Foods

- | | |
|---|--|
| <input type="checkbox"/> Fats or oils | <input type="checkbox"/> Sugar based confectionery |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Carbonated drinks |
| <input type="checkbox"/> Grains, cereals, or breads | <input type="checkbox"/> Other: (specify) _____ |

Exempt foods

- | | |
|---|--|
| <input type="checkbox"/> Pre-packaged confectionery | <input type="checkbox"/> Pre-packaged low risk foods (uncooked rice etc) |
|---|--|

2. 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?

3. Catering **Yes No**

Do you sell ready-to-eat food at a different location from where it is prepared?		
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4. Method of Processing **Yes No**

Is most food you provide to customers cooked or otherwise treated prior to sale to kill germs?		
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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 <u>only</u> 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.?		
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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 \$65.00 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.

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