



New Business

Change of Ownership

Change of Activities



# NOTIFICATION / REGISTRATION FORM Food Act 2008

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## PROPRIETOR/BUSINESS DETAILS

Proprietor Name:		
Postal Address:		
ABN:		
Phone:	A/H:	Fax:
Email:		
Primary language spoken:	Number of equivalent full time staff:	

## PREMISES DETAILS

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

Name of Business:
Address of Premises:
Phone:
Email:
Name of person in charge and title (if different from proprietor):
Details of food vehicle: Make..... Model..... Registration plate .....
Details of any associated premises:

**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)

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**Do you provide, produce or manufacture any of the following foods?**

*Please tick **all** boxes that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Prepared, ready to eat <sup>1</sup> table meals | <input type="checkbox"/> Confectionary            |
| <input type="checkbox"/> Frozen meals                                    | <input type="checkbox"/> Infant or baby foods     |
| <input type="checkbox"/> Raw meat, poultry or seafood (i.e. 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"/> Dairy 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 drinks/juices                              |   |
| <input type="checkbox"/> Raw fruit and vegetables                        |   |
| <input type="checkbox"/> Processed fruit and vegetables                  |   |

<sup>1</sup> 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

