

# Shire of Coolgardie Food Notification / Registration Form

Registration

Change Business Activity

#### **PROPRIETOR DETAILS** PROPRIETOR/S NAME

Notification

	Street no.	Street	
Suburb	L		
PHONE (H)	PHON	E (W)	MOBILE
EMAIL ADDRESS			
CONTACT PERSON			NUMBER OF FULL TIME STAFF
TRADING NAME			PROVIDE DETAILS OF WHERE VEHICLE IS GARAGED
BUSINESS ADDRESS	ent to business address)		
BUSINESS ADDRESS POSTAL ADDRESS (If differe	ent to business address)	MOBILE PHONE	
BUSINESS ADDRESS POSTAL ADDRESS (If differe	ent to business address)		
TRADING NAME BUSINESS ADDRESS POSTAL ADDRESS (If differently be address) BUSINESS PHONE EMAIL ADDRESS	ent to business address)		

Commercial Premises	Address:
Residential Premises	Address:
Food Van	Garage Address:
Food Transport Vehicle/s	Garage Address:

\*\*Please note – all premises involved in the preparation & transportation of food must comply with Health standards.



VEHICLE MAKE	VEHICLE MODEL	VEHICLE REGISTRATION

#### **DESCRIPTION OF USE OF PREMISES** – please tick all that apply

Manufacturer / Processor	Hotel / Motel / Guesthouse
Retailer	Pub / Tavern
Food Service	Canteen / Kitchen
Distributor / Importer	Hospital / Nursing Home
Packer	Childcare Centre
Storage	Home Delivery
Transport	Temporary Food Premise
Restaurant / Cafe	Mobile Food Operator
Snack bar / Takeaway	Market Stall
Caterer	Charitable or Community Organisation
Meals on Wheels	Other

Please provide more information on your business type (ie, Service Station, café, sports club catering/meals. If business is a catering business, please provide an estimate of maximum patrons.)

#### SUMMARY OF PRODUCTS TO BE SOLD – please tick all that apply

Prepared, ready to eat meals	Confectionary
Frozen meals	Infant or baby foods
Raw meat, poultry or seafood	Breads, pastries or cakes
Fermented meat products	Egg or egg products
Meat pies, sausage rolls or hot dogs	Dairy products
Sandwiches or rolls	Prepared salads
Soft drinks/Juices	Other (please specify)
Raw fruits & vegetables	
Processed fruits & vegetables	

### HOURS OF OPERATION

Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	

# **RECALL CONTACT**

Name:

Phone (m): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Email: \_\_\_\_



# **INFORMATION TO BE SUBMITTED**

Proof of approved Application for Development (Planning) Approval (where required)	
A floor plan showing the size and use of each room associated with the food business	
Photos showing the finishes of floors, walls, ceiling, benches	
Photos showing details such as handwashing facilities, exhaust canopies, fridges,	

# **APPLICANT DECLARATION**

By signing this document, I / we (the applicant/s) agree to abide with any Food Safety documentation provided to us by the Shire of Coolgardie in relation to this application, and that non-compliance may jeopardise any future applications made by us.

SIGNATURE	DATE

\*Please note – associated application fees are non-refundable.