



Food Business Notification Form

Contact Details

Name of Proprietor	
Business address of proprietor	
Trading name of food business	
Contact details	Contact person Business hours phone number After hours phone number Facsimile number Email address

Nature of Business

1(a). What is your business type? Please tick all boxes that apply	
<input type="checkbox"/> Manufacturer/processor <input type="checkbox"/> Retailer <input type="checkbox"/> Food service <input type="checkbox"/> Distributor / importer <input type="checkbox"/> Packer <input type="checkbox"/> Storage <input type="checkbox"/> Transport <input type="checkbox"/> Restaurant / café <input type="checkbox"/> Snack bar / takeaway <input type="checkbox"/> Caterer <input type="checkbox"/> Meals-on-wheels	<input type="checkbox"/> Hotel / motel / guesthouse <input type="checkbox"/> Pub / tavern <input type="checkbox"/> Canteen / kitchen <input type="checkbox"/> Hospital / nursing home <input type="checkbox"/> Childcare centre <input type="checkbox"/> Home delivery <input type="checkbox"/> Mobile food operator <input type="checkbox"/> Market stall <input type="checkbox"/> Charitable or community organisation <input type="checkbox"/> Temporary food premises <input type="checkbox"/> other

1(b). Please provide more detail about your business type.

(For example: butcher, bakery, seafood processor, soft drink manufacturer, milk vendor, service station.)

2. Do you provide, produce or manufacture any of the following goods?

Please tick all boxes that apply.

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|---|--|
| <input type="checkbox"/> Prepared, ready-to-at table meals | <input type="checkbox"/> Raw fruit and vegetables |
| <input type="checkbox"/> Frozen meals | <input type="checkbox"/> Processed fruit and vegetables |
| <input type="checkbox"/> Raw meat, poultry or seafood | <input type="checkbox"/> Confectionary |
| <input type="checkbox"/> Processed meat, poultry or seafood | <input type="checkbox"/> Infant or baby foods bread, pastries or cakes |
| <input type="checkbox"/> Fermented meat products | <input type="checkbox"/> Egg or egg products |
| <input type="checkbox"/> Meat pies, sausage rolls or hot dogs | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Soft drinks / juices | <input type="checkbox"/> Other |

3. These questions seek further information about the nature of your food business.

These questions must be answered by all businesses:

Are you a small business?	Yes	No
Is the food that you provide, produce or manufacturer ready to eat?	Yes	No
Do you process the food that you produce or provide before sale or distribution?	Yes	No
Do you directly supply or manufacture food for organisations that cater to the sick, elderly, children under 5 years of age or pregnant women (such as hospitals, nursing homes or children centres)?	Yes	No

To be answered by manufacturing / processing business only:

Do you manufacture or produce products that are not shelf stable?	Yes	No
Do you manufacture or produce fermented meat products such as salami?	Yes	No

To be answered by food service and retail businesses only:

(Includes 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?	Yes	No
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