



**Food Premises Notification Form
New Business**

Food Business Ownership Details

Name of the Proprietor or Company:	
Trading name of Business:	
Registered Business Name:	
ABN Number:	
ACN Number:	
Postal Address Street /Postal Address:	
Suburb/Town:	Post Code
Contact Telephone:	
Mobile Phone:	
Fax Number:	
Email:	

Business Location Information

Business Location Address Street address (not a PO Box)		
Suburb/Town:		Post Code
Address Type Tick <input checked="" type="checkbox"/> one box only	<input type="checkbox"/> Permanent Food Business <input type="checkbox"/> Temporary Food Business <input type="checkbox"/> A mobile food vending/ transport vehicle (address where it is normally garaged)	
Food Safety Auditor (if applicable)		
Food Safety Program (if applicable)		
Number of Employees handling food		
Number of full time equivalent employees handling food (example: Two fulltime employees plus three employees working half time would be the full time equivalent of 3.5 employees)		
Date Business Commenced		
Please provide a short description of the business and its operation _____		

Food Business Sector

Please tick the appropriate box(es) below to indicate the sector in which your business operates. More than one box may be ticked. **Then go to the indicated page to complete questions for each sector ticked.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Manufacturing Sector
Page 3 | <input type="checkbox"/> Retail and Food Service Sector
Page 4 | <input type="checkbox"/> Distribution Sector
Page 5 |
|--|--|---|

MANUFACTURING SECTOR

(a) Please tick the types of food manufactured by your business (MAYBE MORE THAN ONE)

- | | |
|--|--|
| <input type="checkbox"/> Dairy products | <input type="checkbox"/> Raw fish, shellfish and seafood |
| <input type="checkbox"/> Raw meat and poultry | <input type="checkbox"/> Processed fish, shellfish and seafood |
| <input type="checkbox"/> Processed meat and poultry | <input type="checkbox"/> Soft drinks /non alcoholic drinks /juices |
| <input type="checkbox"/> Cooked & uncooked Fermented meat products | <input type="checkbox"/> Egg or egg products |
| <input type="checkbox"/> Edible Oils and oil products | <input type="checkbox"/> Sugar products, confectionery including chocolate products or honey |
| <input type="checkbox"/> Raw fruit and/or vegetables | <input type="checkbox"/> Infant or baby foods |
| <input type="checkbox"/> Processed fruit and/or vegetables | <input type="checkbox"/> Alcoholic Drinks |
| <input type="checkbox"/> Cereal and Flour products | <input type="checkbox"/> Ice and Water including spring water |
| <input type="checkbox"/> Bakery goods, bread, pastries, cakes | <input type="checkbox"/> OTHER including Mixed Foods (specify below) |

If OTHER please specify business type _____

(b) My business only manufactures low risk foods. Yes No

*If the answer to question (b) is **No** please answer the following questions*

(c) Some or all foods manufactured by my business **DO NOT have a Pathogen Reduction step.** Yes No

(d) My business Manufactures uncooked fermented manufactured comminuted processed or manufactured meat products (salami and similar uncooked meat products). Yes No

RETAIL AND FOOD SERVICE SECTOR

(a) What best describes your food business type?

PLEASE TICK ONLY ONE BOX that represent the predominant description of the business

- Bakery
- Butcher
- Chemist /Pharmacies
- Café
- Canteen
- Charitable Community Organisation
- Caterer
- Child Care Centre
- Delicatessen
- Farm Gate sales
- Fishmonger /Seafood
- Fruiterer / Green grocer
- Function Centre
- Guesthouse /Bed & Breakfast/ Motel
- Hotel /Pub/Tavern
- Liquor Store
- Stall
- Mobile Food Vending Vehicle
- Restaurant

- Service Station
- Snack Bar/ Kiosk
- Club including Sport Club
- Supermarket
- Takeaway food business
- Temporary food business

Businesses serving at risk persons.

- Aged Care facility (eg hostel, nursing home)
- Hospital
- Home delivered meals to the Elderly

None of the above

- OTHER including Specialty shop

If OTHER or speciality food shop please specify business type below

Other business please specify _____

(b) My business only sells low risk foods (packaged and unpackaged) or Medium risk foods received and sold in the manufacturers or suppliers original sealed packaging. Yes No

DISTRIBUTION BUSINESSES

**(a) What best describes your food distribution business type?
PLEASE TICK ONLY ONE BOX**

- Importer
- Food Transport
- Cold Storage
- Wholesale Distributor / Packer
- Warehousing

None of the above

OTHER

If OTHER please specify business type below

Other business please specify _____

(b) My business only sells low risk foods (packaged and unpackaged) or Medium risk foods received and sold in the manufacturers or suppliers original sealed packaging

Yes No

Date Notification received: / / 20_____

Notification submitted by: _____

Signed: _____

Notification received by: _____

All Correspondence to: PO Box 27, Millicent, S.A. 5280
Civic Centre, George Street, Millicent, S.A. 5280.
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