



## Food Business Notification Form

**This Food Business Notification form is designed for a single business location. Where a food business sells food from multiple locations a separate form must be completed for each location.**

**Information to assist you complete the food business ownership and business location details can be found on page 2.**

### Business Ownership Type:

<input type="checkbox"/>	Sole trader	(complete pages 1 to 5 (where relevant))
<input type="checkbox"/>	Partnership	(complete pages 1 to 5 (where relevant))
<input type="checkbox"/>	Company	(complete pages 1 to 5 (where relevant))
<input type="checkbox"/>	Trust	(complete pages 1 to 5 (where relevant) and Supplement A Form on Page 6)

### Part 1 - Food Business Ownership Details

Name of the Proprietor/s <i>Note: If ownership is a partnership, provide the names of all partners</i>	
ACN Number	
<b>Mailing Address</b>	
Street /Postal address Line 1	
Line 2	
Suburb/Town:	Post code
<b>Contact Person:</b>	
Business Telephone:	
Mobile Phone:	
Fax number	
Email	

### Part 2 - Business Location Information

ABN Number	
Registered Business Name	
Trading name of business	
Street address Line 1 (Not a PO box)	
Line 2	
Suburb/Town:	Post code
Address type	<input type="checkbox"/> Street address for the business premise location <input type="checkbox"/> Where a mobile food vending business is permanently stationed for business <input type="checkbox"/> Where the mobile food vending/ transport vehicle is normally garaged)
<b>Tick one box only</b>	
Number of Employees <b>handling food</b>	
Number of full time equivalent employees <b>handling food</b> (example: Two fulltime employees plus three employees working half time)	

would equal 3.5 full time equivalent employees)
Date business commenced
Please provide a short description of the business and its operation _____
_____
_____
_____

**Notes on completing the Food Business Ownership Details (Page 1)**

*Proprietor name:* Mandatory entry

*ACN:* The Australian Company Number (ACN) applies to Companies registered with the Australian Securities and Investments Commission (ASIC). The ACN is mandatory if your business is a company. A company can be a Proprietary Limited (Pty Ltd) Unlimited Proprietary (Pty) Limited (Ltd) or No Liability (NL)

*Mailing address:* Mandatory entry. All written communications with the proprietor of a food business will be sent to this address.

*Business telephone:* Mandatory entry. All phone communications with the proprietor of a food business will be to this number. A mobile, fax or email contact is optional.

Note: You must complete the Supplement A Form on page 6 if your business is owned by a Trust and include the details of all Trustees.

**Notes on completing Business location information (Page 1)**

The address information in this section relates to information about the business location. This may be different to the business owner address information.

*ABN:* Optional entry if the business is not required to have an ABN. All businesses with an annual turnover of \$50 000 or non-profit organisations with an annual turnover of \$100 000 require an ABN. Organisations with a lower annual turnover may choose to register for an ABN. Contact the Australian Taxation office for information on applying for an ABN. Phone 13 28 61.

*Registered business name:* Mandatory entry if you trade other than under your own personal name. If the food business has been registered under the National Corporations Act 2001 administered by the Australian Securities & Investments Commission (ASIC), then the registered company name should be entered here. If the food business has been registered under state or territory legislation and not under the National Corporations Act 2001, then that registered business name should be entered here. If you are unsure if you are legally required to have a registered business name contact the Office of Consumer and Business Affairs on (08) 8204 9779

*Common trading name:* Required if the business does not have a registered business name. If a business name is not registered, indicate the name under which the business is known or operates.

*Business location address:* Mandatory entry. The business location address must be a street address not a post office box or similar postal address

*Address type:* Mandatory entry. A business will select one of the 3 options. A street address indicates a business such as a retail shop, factory, food transport depot or similar permanent premises. Two options are provided for mobile food vending / transport vehicles. For mobile vehicles stationed at a permanent location such as a pie cart operating from a leased site select the second option. A business operating a mobile vehicle such as an ice-cream van or a food transport vehicle delivering food would tick the third option to show the address where the vehicle is normally garaged.

*Numbers of employees and number of full time equivalent (FTE) employees:* Mandatory entries. Include only those employees handling food.

*Date commenced:* Mandatory entry. The date when the business began at this location. If an exact date is not known provide the year.

**Part 3 continued on the next page**

### Part 3 - Food Business Sector Information

The following food business sector questions are mandatory. Businesses will be categorised under three sectors - manufacturing, retail & food service and distribution. It is possible for a business to select more than one sector. For example a large bakery manufacturing products primarily for wholesale may also have a retail outlet on the same site. In this case both the manufacturing sector and retail and food service sector would be selected. Alternatively a bakery predominately operating as a retailer should tick the retail and food service sector not the manufacturing sector.

Please tick **one or more** of the appropriate box(s) below to indicate the sector or sectors in which your business operates. **Then go to the page indicated to complete questions for each sector ticked.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Manufacturing Sector<br><b>This page below</b> | <input type="checkbox"/> Retail and Food Service Sector<br><b>Page 4</b> | <input type="checkbox"/> Distribution Sector<br><b>Page 5</b> |
|---|--|---|

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#### **MANUFACTURING SECTOR (See notes below)**

**(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)** Does your business only manufacture low risk foods  Yes  No
- (c)** Do all foods manufactured by your business have a Pathogen Reduction step  Yes  No
- (d)** Does your business manufacture uncooked fermented comminuted meat products (salami and similar uncooked meat products)  Yes  No

#### **Notes on the Manufacturing Sector**

This food sector is subdivided into broad categories based on the type of food produced. There is an option for OTHER to cover a food type that does not fit into one of the defined food categories. A food business **may choose more than one** category of food.

**Low risk food** is a food that is unlikely to contain pathogenic (potentially harmful) micro organisms and will not normally support their growth due to food characteristics. Examples are grains and cereals, bread, carbonated beverages, sugar-based confectionery, alcohol and fats and oils.

**A pathogen reduction step** is a processing step that significantly reduces the microbial population present in a food material. Examples are *cooking, pasteurisation, canning or fermentation or any other processing step that is capable of significantly reducing the level of pathogenic organism present.*

**Uncooked fermented comminuted meat products.** These are manufactured and processed meat products such as salami and mettwurst that do not include cooking in the process of manufacture.

**RETAIL AND FOOD SERVICE SECTOR**

<p><b>(a) What best describes your food business type? TICK ONLY ONE BOX that represents the predominant description of the business</b></p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Bakery</li> <li><input type="checkbox"/> Butcher</li> <li><input type="checkbox"/> Chemist /Pharmacies</li> <li><input type="checkbox"/> Café</li> <li><input type="checkbox"/> Canteen</li> <li><input type="checkbox"/> Caterer</li> <li><input type="checkbox"/> Child care centre</li> <li><input type="checkbox"/> Delicatessen</li> <li><input type="checkbox"/> Farm gate sales</li> <li><input type="checkbox"/> Fishmonger /Seafood</li> <li><input type="checkbox"/> Fruiterer / Green grocer</li> <li><input type="checkbox"/> Function centre</li> <li><input type="checkbox"/> Guesthouse /Bed &amp; Breakfast/ Motel</li> <li><input type="checkbox"/> Hotel /Pub/Tavern</li> <li><input type="checkbox"/> Liquor store</li> <li><input type="checkbox"/> Stall</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Mobile food vending vehicle</li> <li><input type="checkbox"/> Restaurant</li> <li><input type="checkbox"/> Service station</li> <li><input type="checkbox"/> Snack Bar/ Kiosk</li> <li><input type="checkbox"/> Club including sport club</li> <li><input type="checkbox"/> Supermarket</li> <li><input type="checkbox"/> Takeaway food business</li> <li><input type="checkbox"/> Temporary food business</li> <li><input type="checkbox"/> Charitable /fund raising /Community Organisation</li> </ul> <p><b>Businesses serving at risk persons.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aged Care facility (eg hostel, nursing home)</li> <li><input type="checkbox"/> Hospital</li> <li><input type="checkbox"/> Home delivered meals to the elderly</li> </ul> <p><b>None of the above</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OTHER including specialty shop</li> </ul> <p><b>If OTHER or speciality food shop please specify business type below</b></p>
<p><b>Other business please specify</b> _____</p>	
<p><b>(b) Does your business only sell low risk foods (packaged and unpackaged) or medium risk foods received and sold in the manufacturers suppliers original sealed packaging</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**Notes on the Retail Food Service Sector**

The retail and food service sector is based on the type of business description. Within this group is a sub group defined as businesses serving at risk persons. These businesses will be classified as high priority. The category OTHER is also included for businesses not covered in the provided options.

**Low risk food** is a food that is unlikely to contain pathogenic (potentially harmful) micro-organisms and will not normally support their growth due to food characteristics. Examples are grains and cereals, bread, carbonated beverages, sugar-based confectionery, alcohol and fats and oils. For the retail and food service sector **low risk food** also includes **whole** fruit and vegetables.

A **medium risk food** is a food that may contain pathogenic (potentially harmful) micro-organisms but will not normally support their growth due to food characteristics; or food that is unlikely to contain pathogenic micro-organisms due to food type or processing but may support formation of toxins or growth of pathogenic micro-organisms. Examples are cut fruit and vegetables, orange juice, canned meats, pasteurised milk, dairy products, ice cream, peanut butter and milk-based confectionery.

**DISTRIBUTION BUSINESSES**

<b>(a) What best describes your food distribution business type? TICK ONE BOX ONLY</b>	
<input type="checkbox"/> Importer <input type="checkbox"/> Food transport <input type="checkbox"/> Cold storage <input type="checkbox"/> Wholesale Distributor / Packer <input type="checkbox"/> Warehousing	<b>None of the above</b> <input type="checkbox"/> OTHER  <b>If OTHER please specify business type below</b>
<b>Other business please specify</b> _____	
<b>(b) Does your business only sell low risk foods or (packaged and unpackaged) medium risk foods received and sold in the manufacturers suppliers original sealed packaging</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Notes on the Food Distribution Sector**

Food transport includes general carriers that transport food.



Notification submitted by: \_\_\_\_\_

Signed \_\_\_\_\_

<b>For Office Use Only</b>
Notification received by: _____
Date Notification received:            /            /20

**Food Notification forms can be returned to Council at:**

Post: PO Box 8, Salisbury 5108

Email: [healthandfood@salisbury.sa.gov.au](mailto:healthandfood@salisbury.sa.gov.au)



## Food Business Notification Supplement A - Form

This form must be completed to provide the details of all Trustees when the proprietor of the food business is a Trust.

### Part 1 - Business Location Information

ABN Number	
Registered Business Name	
Trading name of business	
Street address Line 1 (Not a PO box)	
Line 2	
Suburb/Town:	Post code

### Part 2 - Trustee Details

You must provide the name, address and contact telephone number for each Trustee of the Trust

Trustee 1 - Name	
Residential Address	
Line 2	
Suburb/Town:	Post code
Contact Telephone	

Trustee 2 - Name	
Residential Address	
Line 2	
Suburb/Town:	Post code
Contact Telephone	

Note: Where there are additional Trustees you must provide an attachment to this form and provide information on all Trustees as above.

#### Additional Attachments included with this form:

- A copy of the Trust Deed is provided to Council (where available)
- Additional Trustee Details are attached to this form in addition to the above Trustees

Notification submitted by: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

#### **Return completed form to:**

Post: PO Box 8, Salisbury 5108 or Email: [healthandfood@salisbury.sa.gov.au](mailto:healthandfood@salisbury.sa.gov.au)