#### NSW FOOD BUSINESS NOTIFICATION FORM



The new Food Safety Standards set out a framework for controlling potential threats to food safety. All food businesses are required by the standards to notify the following details to the relevant authority. These details will include the proprietor's name and address, the nature of the food business, and the location of all food premises used by the business. This notification requirement begins on 24 February 2002.

After the initial notification, notification will be required on the following occasions:

- 1. before any new food business starts operation
- when the nature of an existing business changes
- 3. when the ownership of an existing business changes

The Food Business Notification may be completed though the Internet and provides for businesses to enter the required information themselves on-line at <a href="www.foodnotify.nsw.gov.au">www.foodnotify.nsw.gov.au</a>.

An alternative option is for businesses to notify using this application form and submitting it to their local council. A small one-off processing fee, based on cost recovery, may be charged to the business for hard copy data entry notification.

Please	e Tick One: New Notification	on 🗖		nge of Notification Details 🖵 fication reference Number				
1.	Food Business Details							
	Proprietor / Company Name *							
	Trading Name of Business*							
	Business ABN (optional)	3						
1.1	What is the size of your food	busine	ss? Tick	one box *				
	Business Size	Definiti			Yes			
	Large		0 employ	ees in food manufacturing /				
	Large Food Service							
	Medium	21-100	21-100 employees in food manufacturing / processing					
	Medium Food Service	11 to 50 premise		es and may be more than one				
	Small	1 to 20 sectors	employee	s in food manufacturing/ processing				
	Small Food Service	1 to 10	employee	s and 1 food retail premises				
	-							
1.2	What is your primary business type? Tick one box only *							
	Business Type		Yes	Business Type	Yes			
	Airline Caterer			Licensed Club	<u> </u>			
	Bakery retail hot bread, cakes			Manufacturer / Processor	U			
	Bakery Wholesale			Meals-on-wheels	Yes			
	Canteen/kitchen			Mobile Food Operator				
	Caterer			Mobile caterer offsite				
	Charitable Community Organ	isation		Nursing home				
	Childcare Centre			Food packer				
	Delicatessen			Poultry Retail				
	Distributor			Pub / tavern				

Continued over page.

<sup>\*</sup> denotes required info



	Business Type (con't)		Yes	Business Type (con't)	Yes
	Farm Produce			Restaurant/cafe	
	Fruit & Veg retail			Retailer	
	Grocery retail			Seafood Retail	
	Health Food Shop			Storage business	
	Home delivery			Street carts and stalls	
	Hospital			Supermarket	
	Hotel / Motel / Guesthouse / Bed & Breakfast	×		Take away Food	
	Kiosks			Transporter of foods	
				Other please specify below	
	Business Address and Contact D	\\!-			
	Contact Person Surname First name	e: e:	*		
	Contact Person Surname First name Office Address	e: e: s:	*		
	Contact Person Surname First name Office Address Town/Suburt Local Counc	e: e: s: o: il:	*	Postcode:	
	Contact Person Surname First name Office Address Town/Suburt Local Counc Phone Business Hours	e: e: s: o: il:	*	Postcode:	
	Contact Person Surname First name Office Address Town/Suburt Local Counc	e: e: s: o: il: s:	*		
1	Contact Person Surname First name Office Address  Town/Suburl Local Counce Phone Business Hours Fax Number (optional E-mail (optional	e: e: s: o: iil: s: ):		After hours:	
1	Contact Person Surname First name Office Address  Town/Suburt Local Counce Phone Business Hours Fax Number (optional	e: e: s: o: iil: s: ):		After hours:	
1	Contact Person Surname First name Office Address  Town/Suburl Local Counce Phone Business Hours Fax Number (optional E-mail (optional	e: e: s: o: iil: s: ):		After hours:	
1	Contact Person Surname First name Office Address  Town/Suburl Local Counce Phone Business Hours Fax Number (optional E-mail (optional  Mailing Address* If the same as Mailing Address:  Town/Suburb:	e: e: s: o: iil: s: ):		After hours:	
	Contact Person Surname First name Office Address  Town/Suburt Local Counce Phone Business Hours Fax Number (optional E-mail (optional  Mailing Address * If the same as Mailing Address:	e: e: s: o: iil: s: ):		After hours:	
	Contact Person Surname First name Office Address  Town/Suburl Local Counce Phone Business Hours Fax Number (optional E-mail (optional  Mailing Address* If the same as Mailing Address:  Town/Suburb:	e: e: s: o: iil: s: ):		After hours:	
	Contact Person Surname First name Office Address  Town/Suburl Local Counce Phone Business Hours Fax Number (optional E-mail (optional  Mailing Address* If the same as Mailing Address:  Town/Suburb:	e: e: s: o: iil: s: ):		After hours:	

<sup>\*</sup> denotes required info



## 3. Food Manufactured or Supplied

3.1 Does the food business provide / produce / manufacture any of the following foods? You must select at least one food product (Tick boxes that apply) \*

Foods types sold	Yes	Foods types sold	Yes	
Alcoholic beverages		Processed cereal products		
Bakery products		Processed fruit & vegetables		
Confectionery or Snack Food		Processed meat, poultry or seafood		
Cooked Chilled or Frozen Meals		Raw meat, poultry or seafood		
Dairy products		Raw ready to eat <sup>3</sup> seafood or shellfish		
Fermented meat products		Self service ready to eat food		
Grocery / pre-packaged foods		Soft drinks / Juices		
Infant or baby foods		Water, non-reticulated supply		
Nut & seed kernel products		Other please specify below		
Prepared ready-to-eat table meals				
Prepared Salads				

## 4. The Nature of your Food Business

I.1 What is the nature of this food business? Please tick on boxes that apply *					
Process Group	Food Processing / Supply	Yes	No		
Applicable for all business	Does business provide or produce ready-to-eat <sup>3</sup> food?				
	Is food supplied to the sick, elderly, children under 5 years or pregnant women? Example: supply to hospitals, nursing homes or child care centres.				
	Does the business process <sup>2</sup> food before sale or distribution?				
	Are potentially hazardous foods <sup>1</sup> manufactured, produced or handled by your business?				
Applicable to food service and retail business only	Does the business sell ready-to-eat <sup>3</sup> food at a different location from where it is prepared?				
Applicable to manufacturing /	Are food products manufactured or produced shelf stable <sup>4</sup> ?				
processing businesses only	Does the business manufacture or produce fermented meat products such as salami?				

#### Notes:-

<sup>&</sup>lt;sup>1</sup> Potentially Hazardous Food means: foods that need to be kept at certain temperatures to minimise the growth of harmful bacteria in the food or to prevent the formation of toxins in the food. Eg: raw and cooked meat & seafood, dairy products, food with eggs, beans or nut products

<sup>&</sup>lt;sup>2</sup> **Process means:** activity conducted to prepare food for sale including; chopping, cooking, drying, fermenting, heating, pasteurising, or a combination of these.

<sup>&</sup>lt;sup>3</sup> Ready-to-eat means: food that is ordinarily consumed in the same state as in which it is sold.

<sup>&</sup>lt;sup>4</sup> Shelf stable means: non-perishable food with a shelf life of many months to years.

<sup>\*</sup> denotes required info



# 5. Location of Food Premises Please complete location details of each food premise operated by the business \*\*

Trading name*	Type of premise * #	C	ontact Details
aanig namo	Type of profitioe "	Surname*	J. Last Dotallo
Business Type* ^		First Name*	8
Address*		Phone BH *	
Town/ Suburb*		Phone AH	
Postcode:*		Fax	
Local Council:*		E-mail	
remises 2.		_ IIIoii	
Trading name*	Type of premise * #	C	ontact Details
rading name	Type of prefilise #	Surname *	ontact Details
Business Type* ^		First Name *	
Address*		Phone BH *	
Town/ Suburb *		Phone AH	3
Postcode *		Fax	
Local Council *		E-mail	
Premises 3.			
Trading name *	Type of premise * #	0	ontact Details
rrading name	Type of premise #	Surname *	Untact Details
Business Type* ^	I	First Name *	
Address *		Phone BH *	
Town/ Suburb *		Phone AH	3
Postcode *		Fax	3
Local Council *		E-mail	
		L-IIIali	
Premises 4.	Type of promise * #		ontact Details
Trading name *	Type of premise * #	Surname *	Untact Details
Pusings Tura* A		First Name *	-
Business Type* ^ Address *		Phone BH *	1
Address * Town/ Suburb *		Phone AH	3
		Fax	3
Postcode * Local Council *		E-mail:	
		L-IIIali.	13
Premises 5.	T of + #		
Trading name	Type of premise * #	Surname *	ontact Details
Pusings Turns* A		First Name *	-
Business Type* ^			
Address * Town/ Suburb *		Phone BH * Phone AH	3
		Fax	1
Postcode * Local Council *		E-mail	
		S	
(Shop, van, factory, stat you have more than 5 p	Il etc)	of business as listed page to attach to the	
6. Declaration			
I declare that all	information supplied on this form	is true and correct a	nd there are
necessary recor	rds and / or documentation to supp		
Print name h	ere		
Signature		Date	
Name and the farmers	ith your local council / collection a	gency at	

Date received

Date entered

Fee received \$

Notification No

<sup>\*</sup> denotes required info