



Food Business Notification Form

This Food Business Notification (FBN) 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.

This is a new Food Business Number (includes new owner of existing business)
 an existing Food Business Number (update to details)

Food Business Ownership Details:

Name of Proprietor: (List all individuals - including Trustees & Directors)			
ACN Number:			
Mailing Address:			
Email:			
Phone Number:		Mobile Number:	

Business Location Details:

ABN Number:			
Registered Business Name:			
Trading Name of Business:			
Business Location Address:			
Business location address type: (Tick one box only)	<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		
Phone Number:		Mobile Number:	

Business Information:

Number of Employees handling food:	
Number of full time equivalent employees handling food (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 Food Business Ownership details (Page 1)

Proprietor name: Mandatory entry.

ACN: Mandatory if your business is a company.

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.

Notes on completing Business Location details (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.

Retail and 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.

(a) What best describes your food business type?

TICK ONLY ONE BOX that represents the predominant description of the business

- | | |
|---|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Mobile food vending vehicle |
| <input type="checkbox"/> Butcher | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Chemist /Pharmacies | <input type="checkbox"/> Service station |
| <input type="checkbox"/> Café | <input type="checkbox"/> Snack Bar/ Kiosk |
| <input type="checkbox"/> Canteen | <input type="checkbox"/> Club (including sport club) |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Child care centre | <input type="checkbox"/> Takeaway food business |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Temporary food business |
| <input type="checkbox"/> Farm gate sales | <input type="checkbox"/> Charitable /fund raising /Community Organisation |
| <input type="checkbox"/> Fishmonger /Seafood | |
| <input type="checkbox"/> Fruiterer / Green grocer | Businesses serving at risk persons. |
| <input type="checkbox"/> Function centre | <input type="checkbox"/> Aged Care facility (eg hostel, nursing home) |
| <input type="checkbox"/> Guesthouse /Bed & Breakfast/ Motel | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Hotel /Pub/Tavern | <input type="checkbox"/> Home delivered meals to the elderly |
| <input type="checkbox"/> Liquor store | <input type="checkbox"/> OTHER (please specify below) |
| <input type="checkbox"/> Stall | |

If OTHER please specify business type _____

(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 Sector

Food transport includes general carriers that transport food.

(a) What best describes your food distribution business type?

TICK ONE BOX ONLY that represents the predominant description of the business

- 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

Other Details

Food Safe Accredited: Yes No

(Has your business purchased and implemented the Food Safe program?)

Other Accreditation or training Yes No

If so please show details:

Who, What and When: _____

Optional: Please state the most **appropriate time** for Council to visit the premises to conduct inspections or discuss food safety issues:

Appropriate time means the premises are open to the public and all equipment commonly used on the premises *are operating*. Appropriate times are usually slightly before or after the busy lunch times.

Please note that S.37 of the Food Act 2001 states that an officer may inspect any premises in relation to the selling of food at any reasonable time.

Charity Community Groups: (different rules are exempt to charity and community groups; please describe the types of food sold and where and approximately when they will be prepared; ie. BBQ cooked and prepared outside a certain shopping centre every month, cakes baked at a residential address and then sold at a certain festival.)

Authorisation

Notification submitted by _____ declares the above is true and correct.

Signed: _____ Date: _____