

Food Act 2008

Registration/notification of temporary food business – events & public places

2015-2016 financial year

Proprietor/Business details

Trading Name:		
Proprietor or Company Name:		
Local government registration details (certificate to be attached):		
Postal Address:		
ABN/ACN:		
Phone:	Mobile:	Fax:
Email:		
Primary language spoken:	Number of staff:	
Manager/person in charge (if different from proprietor):		
Will a vehicle be used in association with the business: YES <input type="checkbox"/> NO <input type="checkbox"/>		
If Yes: Details of vehicle – make: _____ model: _____ registration: _____		
Basic food safety training undertaken certification (certificates to be attached):		

1. Food Type and Intended Use by Customer

	Yes	No
Do you provide, produce or manufacture food that is ready-to-eat by the customer without further processing or cooking to destroy germs e.g. oysters, cold smoked seafood?		

Select the food types that your business provides, produces or manufactures (*tick all boxes that apply*)

High Risk Foods

- Raw meat, poultry or seafood
- Milk or milk products
- Processed meat, poultry or seafood e.g. salami, meat pies, sausage rolls, frankfurts etc
- Fresh filled pasta, sandwiches or rolls
- Cooked rice or lasagna
- Tofu
- Other: (specify) _____

Medium Risk Foods

- Prepared salads
- Egg or egg products
- Milk based confectionary

- Raw fruit and vegetables
- Pasteurised milk, dairy products
- Canned meat
- Processed fruit, vegetables or juices
- Other: (specify) _____

Low Risk Foods

- Fats or oils
- Grains, cereals, or breads
- Carbonated drinks
- Sugar based confectionary
- Alcohol
- Other: (specify) _____

