

Koorda | Mt Marshall | Mukinbudin | Nungarin | Trayning | Wyalkatchem

FOOD ACT 2008 EXEMPT FOOD BUSINESS NOTIFICATION FORM

Environmental Health Officer You will not receive any certificate of registration Environmental Health Officer may contact you on receival of the application. Details of Proprietor/Organisation: Chairperson/President/Person in charge: Organisation Name: Address of Organisation: Postal Address (if different form above): Phone: Email: Are you a charitable or non-for-profit organisation Yes No Details of Trading activity Trading Name: (Actual Business Name) Address of Premises: ABN (if any): Phone: Email: Date of Event:	Please note:					
Chairperson/President/Person in charge: Organisation Name: Address of Organisation: Postal Address (if different form above): Phone: Email: Are you a charitable or non-for-profit organisation Yes No Details of Trading activity Trading Name: (Actual Business Name) Address of Premises: ABN (if any): Phone: Email: Date of Event:	Environmental Health Officer ☐ You will not receive any certificate of registration					
in charge: Organisation Name: Address of Organisation: Postal Address (if different form above): Phone: Email: Are you a charitable or non-for-profit organisation	Details of Proprietor/Organisation:					
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Address of Organisation: Postal Address (if different form above): Phone:	in charge:					
Postal Address (if different form above): Phone: Email: Are you a charitable or non-for-profit organisation Yes No Details of Trading activity Trading Name: (Actual Business Name) Address of Premises: ABN (if any): Phone: Email: Date of Event:	Organisation Name:					
form above): Phone: Email: Are you a charitable or non-for-profit organisation	Address of Organisation:					
Phone: Mobile: Email: Are you a charitable or non-for-profit organisation Yes No Details of Trading activity Trading Name: (Actual Business Name) Address of Premises: ABN (if any): Phone: Mobile: Email: Date of Event:	Postal Address (if differe	nt				
Are you a charitable or non-for-profit organisation	form above):					
Are you a charitable or non-for-profit organisation	Phone:			Mobile:		
Details of Trading activity Trading Name: (Actual Business Name) Address of Premises: ABN (if any): Phone: Email: Date of Event:	Email:					
Trading Name: (Actual Business Name) Address of Premises: ABN (if any): Phone: Email: Date of Event:	Are you a charitable or	non-for-	-profit organisation ☐ Yes	□ No		
(Actual Business Name) Address of Premises: ABN (if any): Phone: Email: Date of Event:	Details of Trading activi	ty				
Address of Premises: ABN (if any): Phone: Email: Date of Event:	Trading Name:					
ABN (if any): Phone: Email: Date of Event:	(Actual Business Name)					
Phone: Mobile: Email: Date of Event:	Address of Premises:					
Email: Date of Event:	ABN (if any):			_		
Date of Event:	Phone:			Mobile:		
	Email:					
Hours of Operation:	Date of Event:					
	Hours of Operation:					















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Descr	ription of premises	
Pleas	e tick all boxes that apply (there may be more than one)	
	Clubhouse	
	Market Stall	
	Temporary food premises	
	Other	
Which of the following food will be sold at your temporary premises (please $\sqrt{\ }$ all boxes that apply):		
	Sausages sizzle (sausages, rolls or hot dogs)	
	Sandwiches or rolls	
	Soft drinks/juices	
	Other	
Decla	ration:	
I, the person making this application declare that the information contained in this application		
is true	and correct in every particular.	
Signa	ture of applicant*:	
*In the	case of a company, the signing officer must state position in the company	
Date:		

The information gathered in this form will be used for purposes related to the administration of the *Food Act* 2008. In accordance with regulation 51 of the *Food Regulations* 2009, certain details (proprietor name, trading name and address details) may be made publicly available.











