

Food Business

- Application for Food Business Registration (including mobile food business)
- Application for **Renewal** of Food Business Registration (including mobile food business)

Food Business Proprietor's Details (Proprietor of a Food Business means - a) the person carrying on the food business or b) if that person cannot be identified, the person in charge of the food business)

Name of Proprietor

.....

Postal Address

..... Postcode

Telephone Mobile Phone

Facsimile Email

Details of skills and knowledge (*have you or your staff ever undertaken any form of food safety training?*) provide details:

1. of the proprietor or "person responsible for food safety"
(name).....(training).....
2. food handlers (name).....(training).....
(name).....(training).....
(name).....(training).....

Business Details (Day-to-day operator)

Location of business

Name of business

Person responsible for food safety

Telephone Mobile Phone

Facsimile Email

Emergency contact Telephone

Type of business (eg. Cafe, Bakehouse, Restaurant etc)

Types of food sold

.....

Raw eggs

Do you make raw egg based foods (eg **mayonnaise or aioli**)? Yes.....No.....*circle*

If yes, please specify:

Name and address of egg supplier.....

.or

do you use commercially available mayonnaise or aioli ?

If yes, please specify:

Comments.....

.....

.....

Catering Services

Do you undertake catering services ? (provide food for events and occasions at other venues?) Yes.....No.....*circle*

(specify foods)

.....Comments.....

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if yes, explain the "2 hour 4 hour rule

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Food Safety Questionnaire

It is now a requirement of the *Food Act 2003* that the proprietor of all food businesses demonstrate a satisfactory knowledge and skills of food safety. The satisfactory completion of the food safety questionnaire will satisfy the knowledge and skills requirement.

1. What causes food poisoning?

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2. What measures do you use to avoid food poisoning from your food premises? List at least 3

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3. What is cross contamination?

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4. How do you prevent it?

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Do you have a thermometer to check the temperature of fridges and cool rooms?

Yes / No.....*circle*

Do you keep a written record of temperatures? Yes / No.....*circle*

Mobile Food Business

For Mobile Food Business- vehicle registration number and address where garaged:

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Proposed hours of operation *(or attendance on site):*

Mon Tue Wed Thu
Fri Sat Sun

Additional comments? *Eg Closed for lunch on Tues*.....

Fee and Signature

Application fee :\$

Signature of applicant for registration Date

*Please lodge your completed form and application fee with the
Flinders Council*

