

**CALL**  
(08) 8256 0333

**POST**  
12 Bishopstone Road  
Davoren Park SA 5113

**EMAIL**  
playford@playford.sa.gov.au

**VISIT**  
Playford Civic Centre  
10 Playford Boulevard  
Elizabeth SA 5112

Stretton Centre  
307 Peachey Road  
Munno Para SA 5115



# FOOD PREMISES NOTIFICATION FORM

Information to assist you to complete page 1 of this form can be found on page 2.

1. FOOD BUSINESS OWNERSHIP DETAILS	
Proprietor/Company Name <i>(If a Trust – see information on Page 2):</i>	
ACN Number:	
ABN Number:	
<b>Key Contact Name:</b>	
Email:	Phone:
<b>Proprietor Mailing Address:</b>	
Suburb/Town:	Postcode:
I would prefer to receive written information, correspondence and invoices via (please tick):	<input type="checkbox"/> Email
	<input type="checkbox"/> Phone
2. BUSINESS LOCATION INFORMATION	
Registered Business Name:	
Common Trading Name of Business:	
<b>Business Location:</b>	
Suburb/Town:	Postcode:
Business Phone Number:	
Address Type (please tick one box only):	<input type="checkbox"/> Street address for the business premises location
	<input type="checkbox"/> Where mobile food vending business is permanently stationed
	<input type="checkbox"/> Where mobile food bending/transport vehicle is normally garaged
3. FOOD BUSINESS INFORMATION	
Number of employees <b>handling food:</b>	
Number of full time equivalent employees <b>handling food:</b> <i>(e.g. two fulltime employees plus three employees working half time would be the full time equivalent of 3.5 employees)</i>	
<b>Hours of operation:</b>	
<b>Date business commenced:</b>	

Please provide a short description of the business and its operation:	
Food Safety Auditor (if applicable):	
Food Safety Program (if applicable):	
<b>4. DECLARATION</b>	
I hereby declare that the information contained in this food business notification is accurate and complete.	
Name:	
Signature:	
Position held:	
Date:	
<b>5. FOOD BUSINESS SECTOR</b>	
Please tick the appropriate box/s below to indicate the sector that your business operates in (more than one box may be ticked). Then go to the indicated page to complete the questions.	<input type="checkbox"/> Manufacturing Sector ( <b>Go to Page 3</b> )
	<input type="checkbox"/> Retail And Food Service( <b>Go to Page 4</b> )
	<input type="checkbox"/> Distribution Sector ( <b>Go to Page 5</b> )

**NOTES ON COMPLETING THE FOOD BUSINESS OWNERSHIP & LOCATION DETAILS (PAGE 1)**

**ACN:** The Australian Company Number (ACN) applies to Companies registered with the Australian Securities & Investments Commission (ASIC). The ACN number is mandatory if your business is a company.

**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. Contact the Australian Taxation office for information on applying for an ABN. Phone 13 28 66.

**Trusts:** If you are designating a Trust as the proprietor of the business, please provide the name/s of the Trustee/s of that Trust. This information can be found on the Trust Instrument for that Trust.

**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 Consumer & Business Services on 13 18 82.

**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.

## MANUFACTURING SECTOR

a. Please tick the types of food manufactured by your business (may be more than one)		
<input type="checkbox"/> Dairy products	<input type="checkbox"/> Raw fish, shellfish and seafood	
<input type="checkbox"/> Raw meat and poultry	<input type="checkbox"/> Processed fish, shellfish and seafood	
<input type="checkbox"/> Processed meat and poultry	<input type="checkbox"/> Soft drinks / non-alcoholic drinks / juices	
<input type="checkbox"/> Edible oils and oil products	<input type="checkbox"/> Egg or egg products	
<input type="checkbox"/> Cooked & uncooked fermented meat products	<input type="checkbox"/> Infant or baby foods	
<input type="checkbox"/> Raw fruit and/or vegetables	<input type="checkbox"/> Alcoholic drinks	
<input type="checkbox"/> Processed fruit and/or vegetables	<input type="checkbox"/> Ice and water including spring water	
<input type="checkbox"/> Cereal and flour products	<input type="checkbox"/> Sugar products, confectionery including chocolate products or honey	
<input type="checkbox"/> Bakery goods, bread, pastries, cakes		
<input type="checkbox"/> Other (please specify):		
b. My business only manufactures low risk foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
* if you have answered <b>No</b> , please answer the following questions		
c. Some or all foods manufactured by my business DO NOT have a Pathogen Reduction step	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. My business manufactures uncooked fermented manufactured comminuted processed or manufactured meat products (salami and similar uncooked meat products)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### NOTES

The food manufacturing sector is subdivided into board categories based on the type of food produced. There is an option for OTHER to cover a food type that does not fit into one of the defined food categories. A food business **may choose more than one** category of food.

The Yes/No questions are designed to assist councils determine a priority classification.

**Low risk food** is a food that is unlikely to contain pathogenic (potentially harmful) microorganisms 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.

**A pathogen reduction step** is a processing step that significantly reduces the microbial population present in a food material. Examples are cooking, pasteurisation, canning or fermentation or any other processing step that is capable of significantly reducing the level of pathogenic organism present.

**Uncooked fermented manufactured meat products** are manufactured and processed meat products such as Salami and Mettwurst that do not include cooking in the process of manufacture.

## RETAIL AND FOOD SERVICE SAFETY

a. What best describes your food business type?  
(Tick one box only that represents the predominant description of your business)

<input type="checkbox"/> Bakery	<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Butcher	<input type="checkbox"/> Service Station	
<input type="checkbox"/> Café	<input type="checkbox"/> Snack Bar/Kiosk	
<input type="checkbox"/> Canteen	<input type="checkbox"/> Stall	
<input type="checkbox"/> Caterer	<input type="checkbox"/> Supermarket	
<input type="checkbox"/> Charitable Community Organisation	<input type="checkbox"/> Takeaway Food Business	
<input type="checkbox"/> Chemist / Pharmacies	<input type="checkbox"/> Temporary Food Business	
<input type="checkbox"/> Child Care Centre (Lunch Box)	Please specify the date/s your business will be operating:	
<input type="checkbox"/> Club including Sport Club		
<input type="checkbox"/> Delicatessen		
<input type="checkbox"/> Family Day Care		
<input type="checkbox"/> Farm Gate sales	<b>Businesses serving at risk persons</b>	
<input type="checkbox"/> Fishmonger / Seafood	<input type="checkbox"/> Aged Care facility (e.g. hostel, nursing home)	
<input type="checkbox"/> Fruiterer / Green Grocer	<input type="checkbox"/> Child Care Centre	
<input type="checkbox"/> Function Centre	<input type="checkbox"/> Hospital	
<input type="checkbox"/> Guesthouse / Bed & Breakfast / Motel	<input type="checkbox"/> Home delivered meals to the elderly	
<input type="checkbox"/> Hotel / Pub / Tavern	<b>None of the above</b>	
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Other, including Specialty Shop	
<input type="checkbox"/> Mobile Food Vendor	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### NOTES

The retail and food service sector is divided 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.

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) microorganisms but will not normally support their growth due to food characteristics; or food that is unlikely to contain pathogenic microorganisms due to food type or processing but may support formation of toxins or growth of pathogenic microorganisms. Examples are cut fruits and vegetables, orange juice, canned meats, pasteurised milk, dairy products, ice cream, peanut butter and milk-based confectionery.

## DISTRIBUTION CENTRE

a. What best describes your food distribution business type? Tick only one box

<input type="checkbox"/> Importer	None of the above	
<input type="checkbox"/> Food Transport	<input type="checkbox"/> Other Please specify:	
<input type="checkbox"/> Cold Storage		
<input type="checkbox"/> Wholesale Distributor / Packer		
<input type="checkbox"/> Warehousing		
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Thank you for completing this form.**

Please submit this form to Council via one of the following channels:

**Mail** City of Playford  
Attn: Environmental Health Team  
12 Bishopstone Road  
DAVOREN PARK SA 5113

**Email** [eho@playford.sa.gov.au](mailto:eho@playford.sa.gov.au)