

**FOOD BUSINESS NOTIFICATION FORM**

Printable version (as required under Section 86 of the South Australian Food Act 2001)

**PART 1 BUSINESS INFORMATION**

ABN or ACN \_\_\_\_\_

Registered Business Entity \_\_\_\_\_

Business/Trading Name \_\_\_\_\_

Business Address \_\_\_\_\_

Address Type \_\_\_\_\_

☐ Fixed Location Commercial Food Business ☐ Home Based Food Business☐ Mobile Food Vehicle (garaged location) ☐ Market Stall Operator

Phone Number \_\_\_\_\_

Business Email \_\_\_\_\_

No. of Food Handlers \_\_\_\_\_

Date Business Commenced \_\_\_\_\_

**PART 1.1 FOOD BUSINESS OPERATIONS**☐ Retailer or Food Service (i.e. café, fast food, supermarket)☐ Processor or Manufacturing (i.e. producing goods for other food businesses to sell to consumer)☐ Distribution, Storage or Transport (i.e. warehouse storage and/or delivery of food to other businesses)

Briefly describe the food business operations (type of food produced): \_\_\_\_\_

\_\_\_\_\_

Please provide an additional short description of the business, its history and trading hours:

\_\_\_\_\_

\_\_\_\_\_

For help on completing Parts 1 and 1.1, please refer to page 2.

Once completed, please continue to page 3 to complete Parts 2 and 2.1 of this form.

## HOW TO COMPLETE PART 1 BUSINESS INFORMATION

Accurately completing Part 1 of the Food Business Notification (FBN) form will depend on the business structure that has been established to manage your business. The four most common types of business structures in Australia are:

- **Sole Trader:** an individual operating as the sole person legally responsible for all aspects of the business. A sole trader may have employees working for the business and an accompanying registered business name, but legally they are the wholly responsible legal entity to the business.
- **Company:** a more complex business structure to start and run, which acts as a separate legal business entity. A company's business operations are technically controlled by directors, with the company owned by shareholders. May also be linked to a different registered trading or business name.
- **Partnership:** an association of people or entities registered as running a business together but not as a company. May also be linked to a different registered trading or business name. Please ensure that a primary contact (Part 2) is provided when a partnership business structure is submitted.
- **Trust:** an entity that holds property or income for the benefit of others. **Please note that Trusts are not an accepted business entity when submitting an FBN.**

**Registered Business Entity:** The legal entity for which the business operations are registered. For smaller business operations this may simply be a sole trader/individual that may have a registered trading/business name. In contrast, for a larger business a registered legal company will likely exist.

**Trading or Business Name:** A business name is simply a registered name or title under which a person or entity conducts a business.

**ACN:** An ACN is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies, unlike an ABN which is issued to all entities carrying on a business.

**ABN:** At its simplest, an ABN is an eleven-digit number which is used for dealings with the Australian Taxation Office. An ABN is issued to all entities, irrespective of how large or small they are.

**Business Address & Address Type:** The physical location at which the business operations take place. For a Mobile Food Vehicle this should be the address at which the vehicle is garaged when not trading. For a Market Stall Operator this should be the address at which the market items are prepared and/or stored prior to the market taking place.

**Business Phone Number:** Phone number most directly linked to the business itself, i.e. the landline phone number to a physical store.

**Business Email:** Most suitable email address linked to the business itself. This email address may be used by Council to send updates on food safety information and other educational or informational material from time to time.

**Number of Food Handlers:** Numbers of employees (full time equivalent) working directly with food.

**Date Commenced:** The date when the business began at this location. If an exact date is not known, provide the year.

## HOW TO COMPLETE PART 1.1 FOOD BUSINESS OPERATIONS

Some selections from this section are specific to the SA Health developed state-wide food business risk classification document. If you require a greater understanding of your business's risk classification and business categorisation, please follow the links below.

- [Priority classification of food businesses](#) (SA Health)
- [South Australian Food Business Risk Classification](#) (PDF document)

First select the option that best categorises your food business industry, being either:

- **Retail & Food Service:** Food is generally provided to the end user/consumer.
- **Processor or Manufacturing:** Food is produced/manufactured and provided to other businesses which sell to the end user.
- **Distribution, Storage or Transport:** Food is not directly produced but either stored, transported or stored and transported to other locations.

Next provide a brief description of your business operations as described. This will be used to help categorise the risk level of your business and allocate appropriate resources based on this.

## PART 2 BUSINESS OWNERSHIP DETAILS

Name of Proprietor \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Business Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Preferred Language  
(if not English) \_\_\_\_\_

### PART 2.1 OTHER GENERAL INFORMATION

Do you have previous experience within the commercial Food industry?

☐ Yes

☐ No

If Yes, please provide a brief explanation:

\_\_\_\_\_

\_\_\_\_\_

Have you completed any training related to food and safety and hygiene?

☐ Yes

☐ No

If Yes, please provide a brief explanation:

\_\_\_\_\_

\_\_\_\_\_

☐ I hereby certify that the included information is accurate and I wish to formally submit this Food Business Notification form as required under s86 of the Food Act 2001.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For help on completing Parts 2 and 2.1, please refer to page 4.

## HOW TO COMPLETE PART 2 BUSINESS OWNERSHIP DETAILS

Part 2 of the FBN is more specific to the individual running the business, or the primary contact for the business who is delegated to managing the administrative duties of the business.

**Name of Proprietor:** First and last name of the business owner or delegate for managing the business responsibilities.

**Residential Address:** Current residential address of the business owner.

**Postal Address:** Preferred postal address for delivery of documents to the business owner.

**Home Phone Number:** Home phone number of the aforementioned residential address.

**Mobile Phone Number:** Business owners' mobile phone number.

**Email:** Business owner's email address.

**Preferred Language:** Please indicate if your preferred language is a language other than English.

## HOW TO COMPLETE PART 2.1 OTHER GENERAL INFORMATION

**Experience Within the Commercial Food Industry:** A short explanation of your previous working experience within the Food industry. This can include any previous working, supervising or managing experience from past work in the industry. Prior work experience is not a requirement to owning a food business but is preferable.

**Food Safety Training:** Prior Food Safety Training is not a requirement to owning or working in a food business. However, some degree of food safety training is definitely preferable. Training within the food industry varies greatly and could include training from a Registered Training Organisation that offers official certification, to in-house training organised by an employer. If you have not completed any Food Safety Training the City of PAE offers a free online training course ('I'm Alert') which can be accessed via [our website](#) from the [Food Safety](#) section.

## FOR OFFICE USE ONLY

Inspection Completion Date \_\_\_\_\_

Officer Name \_\_\_\_\_