

Food Business Notification

Food Act 2001 - Section 86(1)



This Food Business Notification form is designed for a single business location. Where a food business sells food from multiple locations a form must be completed for each location.

This form must be submitted **14 days** before the business starts trading or business ownership details change. Submit via mail, email to eha@eha.sa.gov.au or in person at 101 Payneham Road, St Peters.

Please ensure that you also contact your local council to discuss any development or planning requirements.

* indicates required fields

*I am:

- A New Food Business
- Updating My Business Details
- Notifying Change of Ownership

Business Information

*ABN/ACN:

*Proprietor/Entity Name:

NB: A copy of the trust deed **must** be attached to this form if the trustee of a Trust is specified as a proprietor pursuant to Section 37 of the Food Act

*Business/Trading Name:

*Business Address:

*Business Address Type:

- Fixed Premises Home Based Business
- Temporary Food Business Mobile Food Vehicle (Garaged Address)

Vehicle Registration Number (if applicable):

Postal Address (if different to Business Address):

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Contact Details

*Business Phone Number:

*Business Email Address:

*Primary Contact Name:

First Name

Last Name

*Primary Contact Phone Number:

Primary Contact Email Address:

Food Business Details

*Date Business Commenced

*Number of Food Handlers:

*Business Operation Type

- Retailer (i.e. supermarket) Food Service (i.e. cafe, restaurant, food van)
- Processor or Manufacturer Distribution, Storage, Transport (i.e. warehouse)

Nominated Food Safety Supervisor (if applicable):

Under Standard 3.2.2A a Food Safety Supervisor is required for Category 1 and Category 2 Food Businesses in the Retail, Food Service sectors. Please attach a copy of the Statement of Attainment to this Notification. Please contact an EHO on 8132 3600 if you require further information.

*Brief Description of Food Business

Include types of food to be sold, business history etc.

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Additional Details

*Trading Hours

Mon: _____

Tues: _____

Wed: _____

Thur: _____

Fri: _____

Sat: _____

Sun: _____

Declaration

All information provided in this document is true and correct at the time of signing.

*Notification Submitted By:

First Name

Last Name

Date

Position

*Signature: