

# 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](mailto: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:



Post Code:

\*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):**



Post Code:

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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: