

Food Act 2008

Food Business Notification Form

Primary Producers and Processors of Berries



Part A: Food Business Details

Section 107(1) / 110(2)

Proprietor Name (Individual/body corporate/trustee*)	
Food Business Name	
Postal Address	
Address of farm/ processing facility	
ABN	
Phone	
Mobile	
Email	
Primary language spoken	

*If food business is operating under a trust, please write the name of the person who is the trustee.

What berries do you grow or process?

<input type="checkbox"/> Strawberry	<input type="checkbox"/> Blackberry	<input type="checkbox"/> Silvanberry
<input type="checkbox"/> Blueberry	<input type="checkbox"/> Boysenberry	<input type="checkbox"/> Youngberry
<input type="checkbox"/> Raspberry	<input type="checkbox"/> Loganberry	
<input type="checkbox"/> Other (Please specify):		

Which of these activities does your business undertake in relation to berries?

<input type="checkbox"/> Growing and harvesting	<input type="checkbox"/> Storing
<input type="checkbox"/> Packing	<input type="checkbox"/> Transporting
<input type="checkbox"/> Processing	<input type="checkbox"/> Other (Please specify):

To whom / where do you sell your produce locally?

<input type="checkbox"/> Farmer's markets	<input type="checkbox"/> Agent	<input type="checkbox"/> Independent grocers
<input type="checkbox"/> Large retailers	<input type="checkbox"/> Café / Restaurants / Caterers	<input type="checkbox"/> Delivery to customer
<input type="checkbox"/> Farm gate	<input type="checkbox"/> Packer	<input type="checkbox"/> Processor
<input type="checkbox"/> Other (Please specify):		

Declaration

I, the person making this application, declare that the information contained in this application is true and correct in every particular.

Signature of applicant*: _____

*In the case of a company, the signing officer must state position in the company

Date: _____

The information gathered in this form will be used for purposes related to the administration of the *Food Act 2008* (WA). In accordance with regulation 51 of the *Food Regulations 2009* (WA), certain details (proprietor name, trading name and address details) may be made publicly available.

Part B: Payment of prescribed fee

Registration fee is as per the Shire of Manjimup's annual Fee's and Charges.

Enquiries

Environmental Health Services

37 – 39 Rose Street, Manjimup / PO Box 1, Manjimup

P: 08 9771 7777

E: info@manjimup.wa.gov.au

