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| --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | |
| NT Food Act 2004 | | | | |
| You can use this form to register a new food business under the NT[*Food Act 2004*](https://legislation.nt.gov.au/en/Legislation/FOOD-ACT-2004).  Most businesses or groups selling food must be registered with the Department of Health. Exemptions may apply to food businesses that raise funds solely for community or charitable purposes depending on the type of food and operation.  **If your business only sells low risk, shelf-stable, pre-packaged food,** you don’t need to register under the Act as your business is classified as a low risk pre-packaged food business that does not carry out any food handling. Shelf-stable food is food that can be safely stored at room temperature. Examples of shelf-stable foods include canned foods, bottled foods, rice, pasta, sugar and long-life products.Before you register You should discuss your proposal with your closest environmental health office.  For Top End region, email [envirohealthte@nt.gov.au](mailto:envirohealthte@nt.gov.au) or call 08 8922 7377.  For Central Australia region, email [envirohealthca@nt.gov.au](mailto:envirohealthca@nt.gov.au) or call 08 8955 6122.  **Supporting documents**  As part of your application, you’re also required to submit a:   * copy of your proposed business menu * water test results if your business uses a private water supply * floor plan showing the layout and details of all:   + fixtures   + fittings   + equipment   + food storage location   + surface finishes   + elevations.  Privacy statement The Northern Territory Government values and is committed to protecting your privacy. We handle your personal information in accordance with the information privacy principles in the [*Information Act 2002*](https://legislation.nt.gov.au/Legislation/INFORMATION-ACT-2002).  We will only use personal information contained in the forms to provide you with a department service or program. We don’t share information about you with other government agencies or other organisations without your permission unless:   * it’s necessary to provide you with a service that you have requested * it’s required or authorised by law * it will prevent or lessen a serious and imminent threat to somebody’s health.   We recommend you read the privacy policy on the [Department of Health website](https://health.nt.gov.au/freedom-of-information). | | | | |
| Fields marked with asterisk (\*) are mandatory.  Fields marked with caret (^) are office use only. | | | | |
| Section 1 – food business details | | | | |
| Note: if you trade from several premises or locations (including mobile locations), you must provide all relevant information in this section. | | | | |
| Describe your business\* eg. I have a 40-seat Chinese restaurant open 9am to 5pm | |  | | |
| What is the date you intend to start trading?\* | | |  | |
| **How many employees will be handling food?** | | | | |
| **Less than 10**\* | | | | Yes / No |
| **More than 10**\* | | | | Yes / No |
| **What are the types of food that will be provided by your business?**\* | | | | |
|  | | | | |
| **Describe the types of processes that will be used in your food business**\*eg.activity conducted to prepare food for sale including cooking, drying, fermenting, pasteurising, preserving and washing (or a combination of these activities). | | | | |
|  | | | | |
| **Attach supporting documents**\*­eg. proposed menu, business plan outlining activities, floor plan showing layout and details of all fixtures, fittings, equipment, food storage location, surface finishes and elevations. | | | | Yes / No |
| What is the most relevant sector in which your business will operate? | | | | |
| **Processing and manufacturing**\*- if yes, fill in section 2, 5, 6 and 7 | | | | Yes / No |
| **Retail and food service**\*- if yes, fill in section 3, 5, 6 and 7 | | | | Yes / No |
| **Distributor and transportation**\*- if yes, fill in section 4, 5, 6 and 7 | | | | Yes / No |
|  | | | | |
| **Section 2 –** processing and manufacturing | | | | |
| **Risk classification – processor and manufacturer**  This includes the physical or chemical transformation of:   * food * food ingredients * substances or components into new products.   These can be sold via wholesaler, direct to business or to the public with minimal or widespread distribution.  For more information, read the NT Food Business Risk Classification Framework on the [Department of Health ePublications website](https://digitallibrary.health.nt.gov.au/prodjspui/handle/10137/7918). | | | | |
| What types of food will be manufactured by your business? | | | | |
| Dairy products | | | | Yes / No |
| Raw meat or poultry | | | | Yes / No |
| Processed meat or poultry | | | | Yes / No |
| Cooked and uncooked fermented meat products | | | | Yes / No |
| Edible oil or oil products | | | | Yes / No |
| Processed fruit or vegetables | | | | Yes / No |
| Cereal or flour products | | | | Yes / No |
| Bakery goods, bread, pastries or cakes | | | | Yes / No |
| Raw fish, shellfish or seafood | | | | Yes / No |
| Processed fish, shellfish or seafood | | | | Yes / No |
| Soft drinks, non-alcoholic drinks or juices | | | | Yes / No |
| Sugar products, confectionary, chocolate or honey | | | | Yes / No |
| Egg or egg products | | | | Yes / No |
| Alcoholic drinks | | | | Yes / No |
| Ice or water eg. spring water | | | | Yes / No |
| Other - if yes, describe other type(s) of food that will be manufactured by your business below | | | | Yes / No |
|  | | | | |
| **Section 3 – retail or food service** | | | | |
| **Risk classification - retail**  This includes food for retail sale to the public that’s not processed on site, such as:   * slicing and weighing of delicatessen products * reheating or hot holding of ready to eat cooked foods.   This is food not intended to be eaten on site eg. supermarkets, convenience stores or speciality retail stores like a bakery or butcher.  **Risk classification – food service**  This includes businesses that make and serve food for:   * eating on site * takeaway for immediate consumption or at a catering event (may include transport).   For more information, read the NT Food Business Risk Classification Framework on the [Department of Health ePublications website](https://digitallibrary.health.nt.gov.au/prodjspui/handle/10137/7918). | | | | |
| **How will your business operate?** | | | | |
| **Home-based** | | | | Yes / No |
| **Market stall** | | | | Yes / No |
| **Mobile food van** | | | | Yes / No |
| **Commercial premises** - if yes, what category below is most relevant to your business? | | | | Yes / No |
| **Charitable or community organisation** | | | | Yes / No |
| **Butcher** | | | | Yes / No |
| **Chemist or pharmacy** | | | | Yes / No |
| **Café or delicatessen** | | | | Yes / No |
| **Canteen** | | | | Yes / No |
| **Caterer** | | | | Yes / No |
| **Restaurant** | | | | Yes / No |
| **Fishmonger or seafood** | | | | Yes / No |
| **Function centre** | | | | Yes / No |
| **Liquor store** | | | | Yes / No |
| **Aged care facility** | | | | Yes / No |
| **Mobile food vending machine** | | | | Yes / No |
| **Bakery** | | | | Yes / No |
| **Service station** | | | | Yes / No |
| **Club eg. sports club** | | | | Yes / No |
| **Supermarket** | | | | Yes / No |
| **Takeaway food** | | | | Yes / No |
| **Farm gate sales** | | | | Yes / No |
| **Fruiterer or green grocer** | | | | Yes / No |
| **Commercial visitor accommodation** | | | | Yes / No |
| **Childcare centre** | | | | Yes / No |
| **Home-delivered meals to the elderly** | | | | Yes / No |
| **Other** - if yes, describe your business type below | | | | Yes / No |
|  | | | | |
| **Section 4 - distributor and transportation** | | | | |
| **Risk classification – food transporter**  This includes businesses operating in transport or pre-retail distribution activities. This includes businesses who wholesale or import to:   * retailers * restaurants * consumers.   For more information, read the NT Food Business Risk Classification Framework on the [Department of Health ePublications website](https://digitallibrary.health.nt.gov.au/prodjspui/handle/10137/7918). | | | | |
| **What type best describes your business?** | | | | |
| **Importer** | | | | Yes / No |
| **Exporter** | | | | Yes / No |
| **Warehousing** | | | | Yes / No |
| **Food transport** | | | | Yes / No |
| **Wholesale distributor or packer** | | | | Yes / No |
| **Cold storage** | | | | Yes / No |
| **Other** - if yes, describe your business type below | | | | Yes / No |
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| **Section 5 – proprietor details** | | | | | | |
| **Note:** proprietor is the applicant of this application and serves as the default contact for any premises or location. If you have additional proprietors, attach a separate form. | | | | | | |
| **Business name**\* |  | | | | | |
| **ABN/ACN**\* |  | | | | | |
| **Given name**\* |  | | **Family name**\* | |  | |
| **Phone number**\* |  | | **Mobile number**\* | |  | |
| **Email address**\* |  | | | | | |
| **Postal address**\* |  | | | | | |
| **Suburb**\* |  | **State or territory**\* |  | **Post code**\* | |  |

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| Section 6 – premises details | | | | | | | | |
| **Provide the premises your business trades from** -if you have a:   * mobile food vehicle, provide the address where it’s garaged * market stall, provide the address where the food is prepared.   If you have additional premises, attach a separate form. | | | | | | | | |
| **Lot number**\* |  | | | **Unit number**\* | |  | | |
| **Shop or tenancy number**\* |  | | | | | | | |
| **Property address**\* |  | | | | | | | |
| **Suburb/town**\* |  | **State or territory**\* |  | | **Post code**\* | |  | |
| Are you planning on carrying out building works to fit-out your food premises?\* If yes, describe the building works below and attach relevant documents eg. floor plan showing layout and details of all fixtures, fittings, equipment, food storage location, surface finishes and elevations.  Note: building works must not to begin prior to Environmental Health assessing plans and providing comment on your proposed fit-out. A building permit may be required prior to starting building works. For more information, read about how to apply for a [building permit](https://nt.gov.au/property/building/build-or-renovate-your-home/building-and-renovating-permits-and-processes/getting-a-building-permit). | | | | | | | | Yes / No |
|  | | | | | | | | |
| **If no, has the premises undergone significant renovations?** If yes, describe the details of the renovations below and attach relevant documents eg. floor plan showing layout and details of all fixtures, fittings, equipment, food storage location, surface finishes and elevations. | | | | | | | | Yes / No |
|  | | | | | | | | |
| **Does the premises use water from a private water supply?**\* eg. bore water or rainwater. If yes, attach test results as you have a responsibility under the [Public and Environmental Health Regulations 2014](https://legislation.nt.gov.au/Legislation/PUBLIC-AND-ENVIRONMENTAL-HEALTH-REGULATIONS-2014) to demonstrate you have a potable water supply. Microbiological testing must be done every 12 months and chemical testing every 5 years.  For more information, read [private water supplies for business](https://nt.gov.au/industry/hospitality/accommodation-and-food-businesses/private-water-supplies-businesses)es or contact the Public Health Unit. | | | | | | | | Yes / No |
| **Do you have a trade waste discharge approval?**\* If no, you must apply for a trade waste discharge approval.  For more information, go to the [Power and Water Corporation website](https://www.powerwater.com.au/developers/water-and-wastewater/trade-waste) or email the trade waste unit at [tradewastedept.pwc@powerwater.com.au](mailto:tradewastedept.pwc@powerwater.com.au). | | | | | | | | Yes / No |

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| **Section 7 – declaration** | | | |
| **I hereby declare that the information contained in this application, or attached to this application, is accurate and correct to the best of my knowledge.**\* | | | |
| **Full name** |  | **Date** |  |
| Office use only^ | | | |
| Full name^ |  | | |
| Job title^ |  | | |
| Tracking number^ |  | | |
| Phone or email^ |  | | |
| Further information Email your completed form to your closest environmental health office.  For Top End region, email [envirohealthte@nt.gov.au](mailto:envirohealthte@nt.gov.au) or call 08 8922 7377.  For Central Australia region, email [envirohealthca@nt.gov.au](mailto:envirohealthca@nt.gov.au) or call 08 8955 6122. | | | |
| End of form | | | |