

1. Food Business Ownership Details			
Proprietor Name:			
Postal Address:			
Suburb:		Post Code:	
Mobile Phone:			
Email:			
Email for invoices: <i>(If different to above)</i>			

2. Food Premises Details			
ABN/ACN:			
Trading Name of Business:			
Premises Address:			
Suburb:		Post Code:	
Business Telephone:			
Details of Site Manager <i>(if different to Proprietor details)</i>			
Name:			
Position title:		Mobile Phone:	
Details of Food Safety Supervisor <i>(if applicable)</i>			
Name:			
Position title:		Registered Training Org:	
Food Vehicle Information <i>(if applicable)</i>			
Registration Number			
Make :		Model:	
Colour:		Year of Manufacture:	
Address where food vehicle housed:			

3. Application Type
<input type="checkbox"/> Notification only – go to section 4 <input type="checkbox"/> Taking over existing food business (no alterations) – go to section 5 <input type="checkbox"/> New food business or altering an existing food business – go to section 6

4. Notification only	
Are you selling only low risk* shelf stable foods in sealed packages?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are the foods being sold at the food business address indicated in section 2?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no – address of where food to be sold _____	
Dates when food to be sold _____	

5. Taking over existing food business (no alterations)

Date of settlement:

Is the business name changing? No Yes

If yes – Previous business name: _____

Is the business menu changing? No Yes

If yes, please provide a copy of the new menu when submitting application

Evidence of application for Water Corporation Trade Waste Permit must be supplied with application.

6. New food business or altering an existing food business

Applications must include;

- Detailed plans of food business and food preparation areas
- Copy of proposed menu
- Evidence of application for Water Corporation Trade Waste Permit

What best describes your Business Type

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer / Processor | <input type="checkbox"/> Mobile Food Operator |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Market Stall |
| <input type="checkbox"/> Restaurant / Café | <input type="checkbox"/> Canteen / Kitchen |
| <input type="checkbox"/> Snack Bar / Takeaway | <input type="checkbox"/> Aged Care facility |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Childcare Centre |
| <input type="checkbox"/> Primary producer | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Hotel / Motel / Guesthouse | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Pub / Tavern | <input type="checkbox"/> Other: _____ |

Does your food business manufacture food?

No Yes

If no, go to section 7

If yes, please indicate what foods in below table

- | | |
|---|---|
| <input type="checkbox"/> Bread, pastries or cakes | <input type="checkbox"/> Meat pies, sausage rolls or hotdogs |
| <input type="checkbox"/> Cereal and Flour products | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Confectionery | <input type="checkbox"/> Processed meat, poultry or seafood |
| <input type="checkbox"/> Dairy products | <input type="checkbox"/> Raw meat, poultry or seafood |
| <input type="checkbox"/> Edible Oils and Oil products | <input type="checkbox"/> Soft drinks/ juices / non-alcoholic drinks |
| <input type="checkbox"/> Egg or egg products | <input type="checkbox"/> Sugar products |
| <input type="checkbox"/> Fermented meat products | <input type="checkbox"/> Raw fruit and vegetables |
| <input type="checkbox"/> Infant or baby foods | <input type="checkbox"/> Processed fruit and vegetables |
| <input type="checkbox"/> Other: | |

Does your business manufacture uncooked fermented comminuted meat products?
(eg. Salami and similar uncooked meat products) No Yes

7. General questions	
Are you a small business*?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the food business utilise any staff food safety program / training? e.g. FoodSafe Program. If 'yes', please explain;	<input type="checkbox"/> No <input type="checkbox"/> Yes

8. Alfresco Dining Permit	
Does your food business have an alfresco area on the City's land? If yes, please ensure you submit a separate application for Alfresco Dining Permit with this application	<input type="checkbox"/> No <input type="checkbox"/> Yes

9. Fees	
<input type="checkbox"/> Notification only	Nil
<input type="checkbox"/> Registration Certificate Fee (all applications)	\$30
Application Fees	
<input type="checkbox"/> Transfer of ownership (no alterations)	Nil
<input type="checkbox"/> New food business or altering existing business	\$200
<input type="checkbox"/> Charitable / non-profit business (proof must be provided)	Nil

10. Declaration	
I, _____ (name of applicant) declare that the information contained in this application is true and correct in every particular.	
Signature of Applicant: _____	Date: _____

Submission of application forms and associated documents to be made by post, email or in person at the City's Administration office – Civic Boulevard Rockingham.

Email: customer@rockingham.wa.gov.au
Post: PO Box 2142
 ROCKINGHAM DC WA 6967

Applications received by email or post will be contacted by phone for payment via credit card.

***Definitions**

Low risk food is a food that is unlikely to contain pathogenic (potentially harmful) micro-organisms and will not normally support their growth due to food characteristics. Examples are: grains and cereals, bread, carbonated beverages, sugar based confectionery and alcohol.

Small business is a business that employees less than fifty (50) people in the 'manufacturing' sector or which employs less than ten (10) people in the food services sector.