

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

2. Food Premises Details			
Trading name of business			
ABN			
Premise address			
Suburb			
Business Phone			
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 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

The City of Rockingham is collecting your personal information to process an application for Food Business Approval under the Food Act 2009. It may also be used for secondary purposes which would be reasonably expected.

We may share this information with other government agencies in order to assess the application. If you choose to not provide your personal information, we may not be able to process the application.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

4. Notification only

Are you selling only low risk* shelf stable foods if sealed packages? Yes No

Are the foods being sold at the food business address indicated in section 2?

Yes No

If no, address of where food to be sold

Dates when food to be sold

5. Taking over existing food business (no alterations)

Evidence of application for [Water Corporation Trade Waste Permit](#) must be supplied with application.

Date of settlement

Is the business name changing?

Yes No

If yes, what is the previous business name?

Is the menu changing?

Yes No

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

6. New food business or altering an existing food business

- Notification only – go to section 4
- Taking over existing food business (no alterations) – go to section 5
- New food business or altering an existing food business – go to section 6

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 / Cafe | <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 <input type="text"/> |

6. New food business or altering an existing food business - *continued*

Does your food business manufacture food? Yes No

If **no**, please continue to section 7

If **yes**, please indicate what foods in the 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 <input type="text"/> | |

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

7. General Questions

Are you a small business*? Yes No

Does the food business utilise any staff food safety program / training? Yes No
e.g. FoodSafe Program. If 'yes', please explain;

8. Alfresco Dining Permit

Does your food business have an alfresco area on the City's land? Yes No

If yes, please ensure you submit a separate application for [Alfresco Dining Permit](#) with this application. [Alfresco Dining Guidelines](#) can be found on the City's website.

***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.

9. Fees

Application Fees

<input type="checkbox"/> Notification only	Nil
<input type="checkbox"/> Registration of a food business (all applications)	\$30
<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

Ongoing Invoiced Annual Fees (Financial Year)

• Low Risk	\$75
• Medium Risk	\$400
• High Risk	\$400
• Mobile Food Business	\$150

Please note, any new business started part way through the Financial year will receive a pro-rata invoice after the business has commenced.

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.