



**City of Cockburn**  
**Food Act 2008**  
**Notification/Registration Form**

City of Cockburn  
ABN 27 471 341 209  
9 Coleville Crescent, SPEARWOOD  
PO Box 1215, BIBRA LAKE 6965  
Enquiries: 9411 3444  
Fax Number : 9411 3333

**Food Business details** *(if food business operates from a vehicle, please provide details of where the vehicle is garaged)*

Trading Name:			
ABN:			
Address of Premises:	Shop/Unit	Street address	
	Suburb	Post code	
Preferred Mailing Address:			
Phone:		Fax:	
Email:			

**Proprietor details** *(the Proprietor is the person who conducts or is in charge of the food business)*

First Name(s):		Surname(s):	
Postal Address:			
ABN or Date of Birth:			
Phone:	A/H:	Fax:	
Email:			
Primary language spoken:		Number of equivalent full time staff:	

**Details of Site Manager or Person in Charge of Business:** *(if different from proprietor details above)*

First Name(s):		Surname(s):	
Position Title:			
Postal Address:			
Date of Birth:			
Phone:	Primary language spoken:		
Email:			

**Other Associated Activities:**

Details of any other associated food businesses:
Details of food vehicle (make, model, registration plate): <i>(only where food business operates from or operates food vehicles only)</i>

## What is your business type?

Please tick **all** boxes that apply (there may be more than one)

- |   |   |
|---|---|
| <input type="checkbox"/> Manufacturer/processor | <input type="checkbox"/> Hotel/motel/guesthouse               |
| <input type="checkbox"/> Retailer               | <input type="checkbox"/> Pub/tavern                           |
| <input type="checkbox"/> Food Service           | <input type="checkbox"/> Canteen/kitchen                      |
| <input type="checkbox"/> Distributor/importer   | <input type="checkbox"/> Hospital/nursing home                |
| <input type="checkbox"/> Packer                 | <input type="checkbox"/> Childcare centre                     |
| <input type="checkbox"/> Storage                | <input type="checkbox"/> Home delivery                        |
| <input type="checkbox"/> Transport              | <input type="checkbox"/> Temporary food premises              |
| <input type="checkbox"/> Restaurant/café        | <input type="checkbox"/> Mobile food operator                 |
| <input type="checkbox"/> Snack bar/takeaway     | <input type="checkbox"/> Market stall                         |
| <input type="checkbox"/> Caterer                | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Meals-on-wheels        |   |
| <input type="checkbox"/> Other:                 |   |
- (NB: Charitable or community organisations are exempt from payment of notification fee)
- 

## Please provide more details about your type of business

(For example: butcher, bakery, seafood processor, soft drink manufacturer, milk vendor, service station. If business is a catering business, please provide maximum patrons estimate)

---

---

---

---

## Do you provide, produce or manufacture any of the following foods?

Please tick **all** boxes that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Prepared, ready to eat <sup>1</sup> table meals | <input type="checkbox"/> Confectionary            |
| <input type="checkbox"/> Frozen meals                                    | <input type="checkbox"/> Infant or baby foods     |
| <input type="checkbox"/> Raw meat, poultry or seafood (i.e. oysters)     | <input type="checkbox"/> Bread, pastries or cakes |
| <input type="checkbox"/> Processed meat, poultry or seafood              | <input type="checkbox"/> Egg or egg products      |
| <input type="checkbox"/> Fermented meat products                         | <input type="checkbox"/> Dairy products           |
| <input type="checkbox"/> Meat pies, sausage rolls or hot dogs            | <input type="checkbox"/> Prepared salads          |
| <input type="checkbox"/> Sandwiches or rolls                             | <input type="checkbox"/> Other:                   |
| <input type="checkbox"/> Soft drinks/juices                              |   |
| <input type="checkbox"/> Raw fruit and vegetables                        |   |
| <input type="checkbox"/> Processed <sup>2</sup> fruit and vegetables     |   |

## What is the nature of your food business?

	Yes	No
Are you a small business <sup>3</sup> ?		
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?		
Do you process the food that you produce or provide before sale or distribution?		
Do you directly supply or manufacturer food for organisations that cater to vulnerable persons <sup>4</sup> ?		
<b>To be answered by manufacturing/processing businesses only:</b>		
Do you manufacture or produce products that are not shelf stable <sup>5</sup> ?		
Do you manufacture or produce fermented meat products such as salami?		
<b>To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):</b>		
Do you sell ready-to-eat food at a different location from where it is prepared?		
Is this sold from a food vehicle?		
Number of Vehicles .....		
Registration No .....		
Vehicle make .....		

### Notes:

- 1 **Ready-to-eat food** – food that is ordinarily consumed in the same state as in which it is sold
- 2 **Process** - activity conducted to prepare food for sale; including chopping, cooking, drying, fermenting, heating, pasteurising, or a combination of these
- 3 **Small business** - Is a business that employs less than 50 people in the ‘manufacturing sector’ or less than 10 people in the ‘food services’ sector
- 4 **Vulnerable persons** – refer to Standard 3.3.1 *Australia New Zealand Food Standards Code*
- 5 **Shelf stable** – non-perishable food with a shelf life of many months to years

**Hours of operation:**

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

**Recall contact:**

First name			
Last name			
Phone		A/H:	Fax:
Email			

**Declaration:**

I, the person making this application declare that:

- the information contained in this application is true and correct in every particular
- where the food business is not a community group or charitable organisation, the prescribed fee is enclosed with this application (refer to payment section below).

**Signature of applicant:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**How to pay the prescribed fee:**

*Food businesses that are not Community Groups or Charitable Organisations must pay the prescribed fee of \$58.00.*



Payment can be made by either attaching a cheque (payable to: City of Cockburn) or by completing the credit card details below. This form must then be returned to the City of Cockburn PO Box 1215, Bibra Lake WA 6965.



Present this invoice, with your payment, to the cashier at the council offices during normal office hours (8:30am to 4:30pm Monday to Friday). Payment can be made in cash or by cheque, credit card or EFTPOS.

Credit card payment section	<b>Credit Card:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> BANKCARD <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
	<b>Amount payable: \$</b> _____ <b>Expiry Date:</b> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Cardholder Name</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Cardholder Signature</div> </div>
<b>Cashier Use Only</b>	<b>Account Number: GL 210 5391</b>
<b>Cashier Initials:</b> _____ <b>Date Payment Processed</b> _____ <i>please attach receipt</i>	