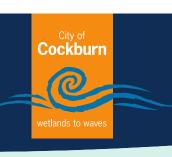


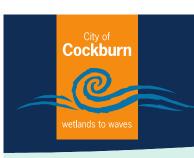
City of Cockburn Food Act 2008 Notification/Registration Form

Food Business details (if food business operates from a vehicle, please state where the vehicle is garaged)					
Trading Name:					
ABN:					
Address of Premises:	Shop/Uni	p/Unit Street address			
	Suburb				Post code
Preferred Mailing Addre	ess:				
Phone:			Fax:		
Email:					
Drawnistan dataila (the l	Dvo n vioto v iol	the never ex		advata ar ia ia ab	area of the food by since o
	Proprietor is	the person of	company who col	TOUCIS OF IS IN CHE	arge of the food business)
Proprietor Name:					
Postal Address:					
ABN or Date of Birth:					
		۸ /ك،		Fovi	
Phone:	<i>F</i>	4/H:		Fax:	
Email:			NI		
Primary language spoken	1.		Number of eq	ulvalent full tir	ne stan:
Details of Site Manager	(if different i	from Proprieto	or details)		
First Name(s):				Surname(s):	
Position Title:					
Postal Address:					
Date of Birth:					
Phone:	Primary language spoken:				
Email:					
Othor Appositual Activi	4:				
Other Associated Activities: Details of any other associated food businesses:					
Details of food vehicle (make, model, registration plate): (only where food business operates from or operates food vehicles only)					

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What	t is your business type?			
Pleas	se tick all boxes that apply (there may be mor	e than	one)	
	Manufacturer/processor		Hot	tel/motel/guesthouse
	Retailer		Pul	o/tavern
	Food Service		Ca	nteen/kitchen
	Distributor/importer		Ho	spital/nursing home
	Packer		Chi	ldcare centre
	Storage		Ho	me delivery
	Transport		Ter	mporary food premises
	Restaurant/café		Мо	bile food operator
	Snack bar/takeaway		Ма	rket stall
	Caterer		Cha	aritable or community organisation
	Meals-on-wheels		(NE	3: Charitable or community organisations
	Other:		are	except from payment of notification fee)
	se provide more details about your type of example: butcher, bakery, seafood processo			k manufacturer, milk vendor, service
•	on. If business is a catering business, please			
Do y	ou provide, produce or manufacture any o	f the f	ollow	ring foods?
	se tick all boxes that apply			
	Prepared, ready to eat table meals			Confectionary
	Frozen meals			Infant or baby foods
	Raw meat, poultry or seafood (i.e. oysters)			Bread, pastries or cakes
	Processed meat, poultry or seafood			Egg or egg products
	Fermented meat products			Dairy products
	Meat pies, sausage rolls or hot dogs			Prepared salads
	Sandwiches or rolls			Other:
	Soft drinks/juices			
	Raw fruit and vegetables			
	Processed ² fruit and vegetables			



What is the nature of your food business?		
	Yes	No
Are you a small business ³ ?		
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 persons4?		
To be answered by manufacturing/processing businesses only	y:	
Do you manufacture or produce products that are not shelf		
stable ⁵ ?		
Do you manufacture or produce fermented meat products such		
as salami?		
To be answered by food service and retail businesses of	nly (including	charitable and
community organisations, market stalls and temporary food p	remises):	
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:

- Ready-to-eat food food that is ordinarily consumed in the same state as in which it is sold
- Process activity conducted to prepare food for sale; including chopping, cooking, drying, fermenting, heating, pasteurising, or a combination of these
- 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
- 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 op	eration:			
Monday		Friday		
Tuesday		Saturday		
Wednesday		Sunday		
Thursday				
Recall conta	ct:			
First name				
Last name				
Phone		A/H:	Fax:	
Email				
Declaration:				
I, the person	making this application de	eclare that:		
-	nation contained in this ap		rrect in every particular	
Signature of	applicant:			
In the case of a	company, the signing officer m	ust state position in the com	pany	
Date:				
Notification /	Registration Fees and Ch	arges		
• Exem	pted Food Business			No charge
Comr	nunity or charitable organ	isation		
Comr	nercial operator			

Contact Details:

City of Cockburn 9 Coleville Crescent Spearwood PO BOX 1215, Bibra Lake 6965

T: 08 9411 3444