

**Food Act 2008**  
**Registration/notification**  
**Temporary food business**  
**Events & public places 2021-2022 financial year**



Office use only  
**FORM 2C**  
PO Box 54, Claremont, WA, 6910

**Proprietor/Business details**

**1. APPLICANT DETAILS**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Proprietor or Company Director Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Trading Name: \_\_\_\_\_  
Vehicle Details: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Registration: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Telephone: \_\_\_\_\_  
ABN/ACN: \_\_\_\_\_ LGA registered with: \_\_\_\_\_

**2. EVENT OWNER DETAILS**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Telephone: \_\_\_\_\_

**3. LOCATION DETAILS**

Lot No.: \_\_\_\_\_ Street No: \_\_\_\_\_  
Street: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Name of Premises (Claremont Park etc.): \_\_\_\_\_  
Type of Premises (RAS, Public open space etc.): \_\_\_\_\_  
Intended use of Premises: \_\_\_\_\_  
Date(s) permit required for: \_\_\_\_\_ Name of event: \_\_\_\_\_

Select the food types that your business provides, produces or manufactures (*tick all boxes that apply*)

**High Risk Foods (examples)**

- |   |   |
|---|---|
| <input type="checkbox"/> Raw meat, poultry or seafood     | <input type="checkbox"/> Processed meat, poultry or seafood                   |
| <input type="checkbox"/> Pasteurised milk, dairy products | <input type="checkbox"/> Fresh filled pasta, sandwiches or rolls              |
| <input type="checkbox"/> Cooked rice or lasagne,          | <input type="checkbox"/> Tofu <input type="checkbox"/> Other: (specify) _____ |

**Medium Risk Foods**

- |  |   |
|--|---|
| <input type="checkbox"/> Prepared salads                       | <input type="checkbox"/> Egg or egg products      |
| <input type="checkbox"/> Milk based confectionary              | <input type="checkbox"/> Raw fruit and vegetables |
| <input type="checkbox"/> Processed fruit, vegetables or juices | <input type="checkbox"/> Other: (specify) _____   |

**Low Risk Foods**

- |   |  |
|---|--|
| <input type="checkbox"/> Fats or oils               | <input type="checkbox"/> Sugar based confectionary |
| <input type="checkbox"/> Alcohol                    | <input type="checkbox"/> Carbonated drinks         |
| <input type="checkbox"/> Grains, cereals, or breads | <input type="checkbox"/> Other: (specify) _____    |

**Exempt foods**

- |  |  |
|--|--|
| <input type="checkbox"/> pre-package confectionary | <input type="checkbox"/> Pre-packaged low risk foods (uncooked rice etc) |
|--|--|

## 1. Activity of the Food Business

- Marquee stall  Fixed premises  Mobile food vehicle  
 (3 x 3 m)  (3 x 6 m)  Other \_\_\_\_\_

## 2. Method of Processing

Is most food you provide to customers cooked or otherwise treated prior to sale to kill germs?  Yes  No

## 3. Catering

Do you sell ready-to-eat food at a different location from where it is prepared?  Yes  No

### Application checklist (tick all applicable items required to be submitted with this application)

Applications may take up to 10 working days to process; it is therefore the applicant's responsibility to ensure that the application is submitted with enough time to ensure that all approvals are granted in time.

- Application submitted 10 days prior to requested date: *(applications submitted late may not be approved in time)*
- Current food business registration certificate from local government authority *(must have your business name)*
- Current certificate of currency *(public liability insurance)*
- Building/fit out floor plans showing layout and all services *(hand drawn will not be accepted)*
- Food safety certificates *(if qualified chefs then a trade certificate must be produced)*
- Details of vehicle registration including photos of the vehicle *(if a vehicle is used to transport food then details are required)*

### Declaration:

I, the person making this application declare that:

- The information contained in this application is true and correct in every particular.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

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

## 4. PAYMENT METHOD (Charities as defined under the Charities Act 2013 are exempt from fees) REGISTRATION OR NOTIFICATION APPLICATION FEES ARE PAID PRE-EVENT

- Registration fee (commercial): \$154.00  Notification fee (commercial): \$65.00

### NOTE: SURVEILLANCE FEES ARE INVOICED TO THE APPLICANT POST EVENT

- Surveillance fee \$36.00 (1 day)  Surveillance fee \$120.00 (7 day)

Please indicate your preferred method of payment (\*call 92854300 to pay by phone):

- Cheque (please make payable to the Town of Claremont)
- Money Order (please make payable to the Town of Claremont)
- Credit card (Visa or Mastercard only)

**NOTE:** For security reasons, the Town of Claremont Health Services **cannot accept written credit card details.**

Therefore, please provide the name as displayed on your credit card, and sign below to **authorise** the Town of Claremont to **debit** that credit card. **The Town of Claremont** will contact you to obtain your **credit card number**.

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Privacy

The personal information collected on this form will only be used by the Town of Claremont for the sole purpose of providing requested and related services. Information will be stored securely by the Town and will not be disclosed to any third parties without your express written consent.

I authorise the Town of Claremont to disclose to the Royal Agricultural Society of Western Australia, where the event is held within the Royal Agricultural Society of Western Australia grounds, information including outcomes of inspections and approvals.

#### Copyright

I authorise the Town of Claremont to reproduce any attachments provided with this form for internal purposes only.

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CLAREMONT WA 6910

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