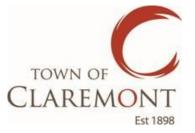
Food Act 2008 Registration/notification



Office use only FORM 2C

PO Box 54, Claremont, WA, 6910

Temporary food business Events & public places 2021-2022 financial year

Proprietor/Business details						
1. APPLICANT DETAILS Surname:	F	_ First Name:				
Proprietor or Company Director Name:						
Company Name:						
Trading Name:						
		Registration:				
Postal Address:						
		-mail:				
Mobile:	Te	_ Telephone:				
ABN/ACN:	/ACN:LGA registered with:					
2. EVENT OWNER DETAILS Surname:	F	First Name:				
Company Name:						
Postal Address:						
Postcode:	Postcode: E-mail:					
Mobile:	Te	lephone:				
3. LOCATION DETAILS Lot No.:		Street No:				
Street:	Sı	ıburb:				
Name of Premises (Claremont Park etc.)	. <u> </u>					
):				
Intended use of Premises:						
		me of event:				
Select the food types that your business pr High Risk Foods (examples)	ovides,	produces or manufactures (tick all boxes that apply)				
 Raw meat, poultry or seafood Pasteurised milk, dairy products Cooked rice or lasagne, Medium Risk Foods 		Processed meat, poultry or seafood Fresh filled pasta, sandwiches or rolls Tofu D ther: (specify)				
 Prepared salads Milk based confectionary Processed fruit, vegetables or juices Low Risk Foods 		Egg or egg products Raw fruit and vegetables Other: (specify)				
 Fats or oils Alcohol Grains, cereals, or breads Exempt foods 		Sugar based confectionary Carbonated drinks Other: (specify)				
pre-package confectionary		Pre-packaged low risk foods (uncooked rice etc)				

1.	Activity of	the Food Bus	siness				
	Marquee sta	all) □(3 x 6 m)	□Other		Fixed premises		Mobile food vehicle
2.	Method of	Processing					
	-	u provide to cu	ustomers coo	ked or othe	rwise treated pri	or to sale to kill ger	ms? □Yes □ No
	Catering						
Do	you sell read	dy-to-eat food	at a different	location fro	m where it is pre	epared?	□Yes □ No
App	plications may	take up to 10 w	orking days to	process; it is		t ted with this applic licant's responsibility ted in time.	
	Current foo Current cer Building/fit Food safety	d business reg tificate of curre out floor plans / certificates (i	gistration cert ency <i>(public lial</i> showing layo f qualified chefs	ificate from bility insurance but and all s then a trade c	local governmen e) services (hand dra ertificate must be pro	wn will not be accepted) oduced)	ve your business name)
-	claration:		to a Cara da a la star				
	•	aking this appl				<i></i>	
	The information	ation containe	d in this appli	cation is tru	e and correct in	every particular.	
Sig	gnature of a	pplicant:				Date:	
	me of applic	cant:	o officer must sta	te position in	the company		
4.	PAYMENT	METHOD (C	harities as def	ined under		2013 are exempt fro	om fees)
	Registration	fee (commercia	l): \$154.00		Notification fee (co	ommercial): \$65.00	
NO	TE: SURVEII	LLANCE FEES	ARE INVOICE	D TO THE	APPLICANT POS	T EVENT	
	Surveillance	fee \$36.00 (1 d	ay)		Surveillance fee \$1	120.00 (7 day)	
Ple □ □	Cheque Money (our preferred m (please make p Drder (please m ard (Visa or Mas	ayable to the Take payable to	Town of Clar		phone):	
NO	TE: For secur	ity reasons, the	Town of Clare	mont Health	Services cannot	accept written credi	t card details.
						gn below to authoris credit card number	se the Town of Claremont to
Nai	me on Card:_						
Sig	Inature:					Date:	
	personal information				nt for the sole purpose of pr es without your express wri	oviding requested and related s tten consent.	ervices.
		aremont to disclose to t omes of inspections an		Society of Westerr	Australia, where the event	is held within the Royal Agricult	tural Society of Western Australia grounds,
	yright horise the Town of Cl	aremont to reproduce a	ny attachments provid	led with this form f	or internal purposes only.		
Pos	st:	PO Box 54 CLAREMONT	WA 6910		In person:	Number One Clar 308 Stirling Highv Claremont WA 6	way