

**APPLICATION FOR APPROVAL TO
CONSTRUCT, ESTABLISH OR ALTER A FOOD
PREMISES / VEHICLE**
(INCLUDES REGISTRATION AND ANNUAL FEE FOR REMAINING PART
OF FINANCIAL YEAR)



FOOD ACT 2008

APPLICANT DETAILS

Business Name:	
Business Owner Name:	
Name of Applicant/Manager:	
ABN:	
ACN:	
Business Address:	
	Postcode:
Postal Address:	
	Postcode:
Business Number:	
Mobile Number:	
Email Address:	
Applicant's Signature:	Date:

VEHICLE DETAILS FOR MOBILE FOOD BUSINESS

Vehicle Make:	
Vehicle Model:	
Vehicle Registration:	
Address of Vehicle Storage:	

PROPOSED OPERATING HOURS

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			



TYPE OF BUSINESS (please tick ALL boxes that apply to your business)

- | | | |
|---|--|--|
| <input type="checkbox"/> Primary Production | <input type="checkbox"/> Storage | <input type="checkbox"/> Home Delivery |
| <input type="checkbox"/> Manufacturer/Processor | <input type="checkbox"/> Transport | <input type="checkbox"/> Temporary Food Premises |
| <input type="checkbox"/> Hotel/Motel/Guesthouse | <input type="checkbox"/> Restaurant/Cafe | <input type="checkbox"/> Mobile Food Operator |
| <input type="checkbox"/> Pub/Tavern | <input type="checkbox"/> Snack Bar/Takeaway | <input type="checkbox"/> Market Stall |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Caterer | <input type="checkbox"/> Charitable/Community Organisation |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Canteen/Kitchen | <input type="checkbox"/> Meals-on-Wheels |
| <input type="checkbox"/> Distributor/Importer | <input type="checkbox"/> Hospital/Nursing Home | <input type="checkbox"/> Other (please detail what type) |
| <input type="checkbox"/> Packer | <input type="checkbox"/> Childcare Centre | |

TYPE OF PRODUCTS SOLD (please tick ALL boxes that apply to your business))

- | | | |
|--|--|--|
| <input type="checkbox"/> Prepared, Ready-to-eat, table meals | <input type="checkbox"/> Meat Pies, Sausage Rolls, Hotdogs, Hamburgers | <input type="checkbox"/> Bread, Pastries, Cakes |
| <input type="checkbox"/> Frozen Meats | <input type="checkbox"/> Sandwiches or Rolls | <input type="checkbox"/> Egg or Egg Products |
| <input type="checkbox"/> Raw Meat, Poultry or Seafood | <input type="checkbox"/> Soft Drinks/Juices | <input type="checkbox"/> Dairy Products |
| <input type="checkbox"/> Processed Meat, Poultry or Seafood | <input type="checkbox"/> Raw Fruit & Vegetables | <input type="checkbox"/> Prepared Salads |
| <input type="checkbox"/> Fermented Meat Products | <input type="checkbox"/> Processed Fruit & Vegetables | <input type="checkbox"/> Fried Food |
| <input type="checkbox"/> Infant/Baby Foods | <input type="checkbox"/> Confectionary | <input type="checkbox"/> Other (please detail what type) |

EVIDENCE OF FOOD HANDLING (Food Standards Code Standard 3.2.2 Clause 3 (1))

In order to assist businesses, the Shire of Mundaring provides **free** on-line food safety training. You may register and complete the FoodSafe Online course by going to

<https://www.ehawa.org.au/products/foodsafeproducts/foodsafeline>

Proceed to the **PAYMENT DETAILS** section and enter the below code in the "Redeem Online Voucher" field for **free** access:

FSMANDU348

SUPPORTING DOCUMENTATION

I hereby certify that I have attached the following documents to this application form prior to submission:

- Two copies of detailed plans and specifications of the premise and/or vehicle.
- Current Public Liability Insurance Policy.
- Evidence of Food Handler Training (Food Standards Code Standard 3.2.2 Clause 3(1)).
- Payment (if paying by cheque or turn over for credit card details).

Applicant's Signature

Date:

PLEASE REFER TO REAR OF FORM FOR PAYMENT OPTIONS

PLEASE SUBMIT THIS FORM TOGETHER WITH THE FOLLOWING PAYMENT

1. Payment in Person

Shire Administration Office
7000 Great Eastern Highway, Mundaring
Cashier Hours 9:00am – 4:15pm
(Monday–Friday)

2. Payment by Mail

Shire of Mundaring
7000 Great Eastern Highway
Mundaring WA 6073

PAYMENT OPTIONS

- Do not send cash in the mail.
- Cheques are to be made payable to the Shire of Mundaring.
- Credit Card payments are to be made by filling out the credit card authorisation below.

CREDIT CARD PAYMENT AUTHORISATION

Credit Card Type: Visa MasterCard Fee: \$200

Card Number: _____ Expiry Date: ____ / ____

Cardholder's Name: _____ Cardholder's Signature: _____

Contact Number: _____ Date: _____

NB: Your signature hereon is authority for us to issue a sales receipt for the amount shown in the space provided above.

Should you have any queries, please email shire@mundaring.wa.gov.au or telephone the Shire's Health Service by calling 9290 6742.