

MOBILE FOOD TRADING APPLICATION

Food Act 2008
Public Trading Local Law 2005
Local Government Property Local Law 2005
Thoroughfares and Public Places Local Law 2007
Parking Local Law 2010



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Instructions: Please print clearly and submit your application electronically to the email address above.

1. APPLICANT'S DETAILS

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Postal Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Postcode:	<input type="text"/>
Mobile:	<input type="text"/>	Facsimile:	<input type="text"/>
E-mail:	<input type="text"/>		

2. MOBILE FOOD BUSINESS DETAILS

Business Name:	<input type="text"/>		
ABN (ACN if applicable):	<input type="text"/>		
Type of Vehicle: <i>Select option</i>	<input type="checkbox"/> Truck	<input type="checkbox"/> Van	<input type="checkbox"/> Trailer
Vehicle Registration No:	<input type="text"/>	Expiry:	<input type="text"/>
Type of Food Served:	<input type="text"/>		
Food Registration No:	<input type="text"/>	Expiry:	<input type="text"/>
Issuing Local Government:	<input type="text"/>		
Website Details:	<input type="text"/>		
Social Media: <i>Select option</i>	<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram	Other: <input type="text"/>

3. NATURE OF BUSINESS INFORMATION

NOTE: The food business is required to notify the City of Perth of any changes to the information provided below. The new information must be provided to the City before the changes occur. Any changes to the information may affect the classification of a food business.

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

✓ Please tick all boxes that apply:

- | | |
|---|---|
| <input type="checkbox"/> Prepared, ready-to-eat meals | <input type="checkbox"/> Infant or baby foods |
| <input type="checkbox"/> Frozen meals | <input type="checkbox"/> Bread, pastries or cakes |
| <input type="checkbox"/> Raw meat, poultry or seafood | <input type="checkbox"/> Egg or egg products |
| <input type="checkbox"/> Processed meat, poultry or seafood | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Fermented meat products | <input type="checkbox"/> Prepared salads |
| <input type="checkbox"/> Meat pies, sausage rolls or hot dogs | <input type="checkbox"/> Alcoholic beverages |
| <input type="checkbox"/> Sandwiches or rolls | |
| <input type="checkbox"/> Soft drinks/juices/coffee/tea | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Raw fruit and vegetables | |
| <input type="checkbox"/> Confectionery | |

3.2 Where is the food going to be stored / prepared?

✓ Please tick all boxes that apply:

- Approved food business

Business Name: _____

Business Address: _____

- Approved food vehicle

Address food vehicle is stored at: _____

3.3 Describe how you intend to protect food from airborne contaminants?

(e.g. smoke/dust/human/animal/cough/sneeze)

✓ Please tick all boxes that apply:

- Fully covered food vehicle
 Any exposed food products to be covered
 Other (please specify):

3.4 How will high risk foods be transported to the onsite location?

✓ Please tick all boxes that apply:

- | | |
|--|--|
| <input type="checkbox"/> Mobile cool room/freezer | <input type="checkbox"/> Heated food vehicle |
| <input type="checkbox"/> Refrigerated food vehicle | <input type="checkbox"/> On ice in esky |
| <input type="checkbox"/> Other (please specify) | |

3. NATURE OF BUSINESS INFORMATION ... continued

3.5 How will high risk foods be stored on site?

✓ Please tick all boxes that apply:

- | | |
|---|--|
| <input type="checkbox"/> Refrigerator / freezer | <input type="checkbox"/> Cooked and sold immediately |
| <input type="checkbox"/> Bain Marie | <input type="checkbox"/> On ice in esky |
| <input type="checkbox"/> Other (please specify) | |

3.6 Both a hand washing facility and a dish washing facility must be provided. What hand washing facilities and dish washing facilities will be provided?

✓ Please tick all boxes that apply:

- | | |
|---|---|
| <input type="checkbox"/> Purpose built hand wash basin with running water | <input type="checkbox"/> Purpose built dish wash basin with running water |
| <input type="checkbox"/> Hot water | <input type="checkbox"/> Hot water |
| <input type="checkbox"/> Cold water | <input type="checkbox"/> Cold water |
| <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> Other (please specify): |

3.7 Certain aspects of the food van must be self-contained and safe. Please confirm if you have the following:

✓ Please tick all boxes that apply:

- | | |
|--|--|
| <input type="checkbox"/> Water supply self-contained | <input type="checkbox"/> Gas bottle |
| <input type="checkbox"/> Water disposal self-contained | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Waste disposal self-contained | <input type="checkbox"/> Other (please specify): |

4. ESSENTIAL CRITERIA

If you require additional space for your response, please add as an attachment to this document.

4.1 Describe your mobile food trading operation:

Does your business offer a unique culinary experience? Is your food offering culturally unique? Do you offer vegetarian or gluten free options? Do you cater for families/young children? What makes your business stand out from other mobile food trading businesses?

4.2 Describe your mobile food trading vehicle and presence:

Does it present well, is it highly maintained, is it aesthetically pleasing and does it comply with the City's environmental health requirements as listed in the Terms and Conditions documents?

4. ESSENTIAL CRITERIA ... continued

4.3 Please detail your previous business and mobile trading experience:

Do you and your business have a high level knowledge of food safety principles?

4.4 Does your mobile food trading operation have a strong marketing plan and social media presence?

How will you engage with the community to promote your trading days/time/locations?

5. ADDITIONAL QUESTIONS

5.1 What are your preferred trading times?

✓ Please tick all boxes that apply:

- | | |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Late Night |

4.6 Will you be providing any of the following for your customers' enjoyment?

✓ Please tick all boxes that apply:

- | | |
|--|---|
| <input type="checkbox"/> Tables / chairs | <input type="checkbox"/> Picnic blankets |
| <input type="checkbox"/> Deckchairs | <input type="checkbox"/> Games / Puzzles |
| <input type="checkbox"/> Music | <input type="checkbox"/> Sports equipment |
| <input type="checkbox"/> Other _____ | |

4.7 Please attach a copy of the following to your application

- A copy of your Vehicle Registration from WA Department of Transport
- A copy of your Food Business Registration from the WA Department of Health
- Copies of any licences from Australian Performing Rights Association (APRA) and/or Phonographic Performing Company of Australia (PPCA)
- A copy of your Public Liability Insurance
- A copy of your business plan
- Photos / Images of your mobile food vehicle set up
- A copy of your menu and price list
- Copies of any food safety training certificates obtained

6. PERMIT FEE

Please note that if your application is successful you will be required to pay a fee of \$1,200.00 (including GST) and undertake a food vehicle inspection prior to the 12 month permit being issued.

You will be contacted to arrange payment if you are a successful applicant.

7. APPLICANT DECLARATION

I confirm that the information contained in this application is correct to the best of my knowledge. I authorise the City of Perth to conduct standard due diligence in assessing this application.

Signature:

Date:

Print Name: