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| Licence Application |  |  |  | |
| Large Event - Sell food from a Temporary Premises | | | | FOOD ACT 2008 |
| Applications must be lodged at least 2 weeks prior to the event, or they may not be processed.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Applicant’s Details** | | | | | | | | | Name: | | | | Phone: | | | | | Address: | | | | Email: | | | | | Organisation: | | | | ABN (if applicable): | | | | | \*All food businesses must be registered by their local government authority (LGA), unless exempt – for definitions, see overleaf. If your LGA is not the City of Cockburn, please attach a copy of your Food Business Registration Certificate. | | | | | | | | |  |  |  | | |  |  | | | **Event Details** | | | | | | | | | Event | | | Location | | | | Date | |  | | |  | | | |  | |  | | |  | | | |  | | | | | |

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| Attachments |
| Zip folder with named sub folder for each vendor. Each sub folder to contain current:   * Food business registration certificate * Layout of food premises * Certificate of currency for public liability insurance.   Please email completed form and zip folder to [health@cockburn.wa.gov.au](mailto:health@cockburn.wa.gov.au) |

A single invoice will be raised to the application (invoice will not be raised to individual food vendors)

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| Temporary Food Premises | | |
|  | Exempted Food Business\* | NO CHARGE |
|  | \*A community or charitable fund raising activity, selling low risk, shelf stable food,  or food which is thoroughly cooked onsite for immediate consumption. |  |

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|  | Commercial Operator  Daily event fee | $24 | Annual event fee must be paid by each vendor prior to submitting the application. |  |
|  | Each additional day (same event)  Additional late fee (for applications received less than 2 weeks prior to the event) | $5  $24 |  |

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| Payment Details |

* Await payment advice from Health Services
* Payment must be made at least two (2) business days prior to the event.

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| **Details of Food Vendors** | | | | |
| Food vendor Name | Proprietor Name | Mobile Number | Email Address | Annual Payer |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
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|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |

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