

### 3 Respondent's Submission

#### 3.1 Response Form

The Chief Executive Officer  
Town of Port Hedland  
PO Box 41  
Port Hedland WA 6721

I (Registered Entity Name): \_\_\_\_\_  
(BLOCK LETTERS)

of: \_\_\_\_\_  
(REGISTERED STREET ADDRESS)

ABN \_\_\_\_\_ ACN (if any)

Telephone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

**In response to Food and Beverage Operator - Marapikurrinya Park Pop-up:**

I agree that I have read and understood the conditions contained in this EOI and associated attachments.

I agree that there will be no cost payable by the Town of Port Hedland towards the preparation or submission of this Expression of Interest irrespective of its outcome.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of authorised signatory of Respondent:

\_\_\_\_\_

Name of authorised signatory:

\_\_\_\_\_

(BLOCK LETTERS)

Position: \_\_\_\_\_

Authorised signatory Postal address:

\_\_\_\_\_

Authorised signatory Email address: \_\_\_\_\_

Authorised signatory Telephone number: \_\_\_\_\_

## 3.2 Respondent's Response

### 3.2.1 Executive summary

Provide a summary of your business and your response to this EOI.

### 3.2.2 Selection Criteria

The following sections contain the selection criteria has been developed to assess your submission to determine the suitability to be listed as an acceptable Respondent.

Where it is necessary to provide additional information, please ensure that all documents are clearly marked with the relevant attachment title to assist the evaluation panel with their assessment.

(Note: All pages within Part 3 are to be completed and returned to the Principal as they form part of your Submission).

### 3.2.3 Mandatory Criteria

Provide copies of relevant food and beverage related licences to support their application.	Tick if attached <input type="checkbox"/>
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### 3.2.4 Compliance Criteria

Key Compliance Areas	Response
<b>Insurances</b> Public and Product Liability \$20 million	Tick if attached <input type="checkbox"/>
<b>Delivery</b> Provide details of your earliest commencement date Any other details which may relate to the commencement of these services	Tick if attached <input type="checkbox"/>
<b>Exclusions</b> Are there any special conditions and any exclusions or departures to the License Agreement and this EOI invite	Tick if attached <input type="checkbox"/>

### 3.2.5 Qualitative Criteria

Before responding to the following qualitative criteria, Respondents must note the following:

**Part 3 COMPLETE AND RETURN THIS PART**

- a) All information relevant to your answers to each criterion are to be contained within your Submission. No web links are to be included in the Submission. All web links will be ignored.
- b) Respondents are to assume that the Evaluation Panel has no previous knowledge of your organisation, its activities or experience.
- c) Respondents are to provide full details for any claims, statements or examples used to address the qualitative criteria; and
- d) Respondents are to address each issue outlined within a qualitative criterion.

<p><b>A. Experience</b></p> <p>Respondents must include details of:</p> <ul style="list-style-type: none"> <li>▪ Details of experience in providing food and beverage services, including: <ul style="list-style-type: none"> <li>• Number of years in business</li> <li>• Type of service offered</li> <li>• Location/s</li> <li>• Hours and number of days per week in your current operation (if applicable).</li> </ul> </li> </ul>	<p><b>Weighting</b> &lt;35%&gt;</p>	<p><b>Tick if attached</b> <input type="checkbox"/></p>
<p><b>B. Resources</b></p> <p>Respondents must include details of:</p> <ul style="list-style-type: none"> <li>▪ A business profile that includes details on the size, scale and core operation of the business including key team members.</li> </ul>	<p><b>Weighting</b> &lt;35%&gt;</p>	<p><b>Tick if attached</b> <input type="checkbox"/></p>
<p><b>C. Quality</b></p> <p>Respondents must include details of:</p> <ul style="list-style-type: none"> <li>▪ Proposed menu</li> <li>▪ Details of how the pop-up will be activated</li> <li>▪ Details of social media and related advertising or marketing related information</li> <li>▪ Any customer feedback and review to support your EOI.</li> <li>▪ Compliance with Town of Port Hedland food health and safety requirements.</li> </ul>	<p><b>Weighting</b> &lt;30%&gt;</p>	<p><b>Tick if attached</b> <input type="checkbox"/></p>

## Appendix A

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