



Temporary Food Premises Commercial Food Operators Application Form

EVENT DETAILS

What is the name of the event?: _____

Event Date(s): _____ Hours of Operation: _____

Who is the Event Organiser/Contact?: _____

APPLICANT DETAILS

Applicant name: _____

Applicant address: _____

Telephone no: BH: _____ AH: _____ Mobile: _____

DETAILS OF REGISTERED BUSINESS APPLYING FOR PERMIT

Name of the food premises this application is associated with: _____

Trading Name: _____

Proprietor's name: _____

Address of premise: _____

Telephone no: BH: _____ AH: _____ Mobile: _____

Nature of food operation: _____

Does this business have registration as a caterer? (please specify): _____

Name of Council where *Food Act* registration is currently held (please attach a copy of current registration certificate): _____

Food Safety Program? Copy attached for Council YES/NO Copy previously submitted with current details YES/NO

FOOD SAFETY SUPERVISOR DETAILS

Name of Food Safety Supervisor?: _____

Address of Food Safety Supervisor: _____

Telephone no: BH _____ AH _____ Mobile _____

Number of years experience in this role: _____

Number of years associated with the establishment applying for registration: _____

TYPE OF OPERATION

(Please tick ✓)

Mobile Food Van – Give the Vehicle Registration Number _____

Local Council where Food Van is registered: _____
(Please attach a copy of your current Registration Certificate)

Tent/Marquee, Stand, Mobile Unit, Other: (Please specify) _____

Was any food intended to be prepared at home? YES / NO
(Please circle)

**PLEASE NOTE THAT NO FOOD FOR SALE AT TEMPORARY FOOD PREMISES
WILL BE PERMITTED TO BE PREPARED IN AN UNREGISTERED FOOD PREMISE.**

Will any food be prepared in a registered food premises, which has current *Food Act* Registration with a Local Council? YES / NO
(Please circle)

Provide the address of the premises and local council where the premises is registered. _____

DESCRIPTION OF INGREDIENTS / FOODS

Please circle the foods that you will be selling or using as ingredients:

- | | | | | |
|--------------------|------------|------------------------|----------------|-----------------------------|
| Milk/Milk Products | Meat (raw) | Meat (cooked) | Ice-cream | Egg Products |
| Poultry (chicken) | Cakes | Sandwiches | Salads | Pies/Pastries/Sausage Rolls |
| Fish/Fish Product | Shellfish | Drinks | Rice Dishes | Fruit – Fresh/Dried |
| Pasta | Lollies | Bread | Baked Potatoes | |
| Sausages and Bread | | Freshly Squeezed Juice | | |

LIST OTHER FOODS TO BE SOLD

TYPE OF FACILITIES PROVIDED ON SITE

Please circle the cooking/storage facilities that will be used on site:

Refrigerators	Grill Freezers	Microwave(s)	Deep Fry(s)	Sink(s)
Oven(s)	BBQ	Esky(s) and Ice	Bain Marie	Refrigerated display
Coolroom	Other (please specify) _____			

Please circle the power sources:

Mains Electricity	Electrical Generator	Gas Bottles	Other (please specify) _____
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PRE-EVENT CHECKLIST

Prior to the event – Have organised and prepared the following:

1. Organised the attend a pre-event information session run by Council; or _____
- Organised an appointment to discuss your application _____
2. Read the information contained in the Temporary Food Premises Kit _____
3. Organised to prepare the food in a registered kitchen ; or _____
- Organised to prepare the food in a registered food vehicle; or _____
- Organised to prepare the food underneath an approved tent or marquee on the day _____
4. Organised appropriate transportation of food to the event to ensure cold food stays at or below 5°C, or hot food at or above 60°C _____
5. Arranged for all benches and tables to have surfaces that are smooth and easy to keep clean _____
6. Arranged for suitable hand washing facilities (see guidelines) _____
7. Informed staff, that frequent hand washing is required _____
8. Arranged for utensil washing facilities (see guidelines) _____
9. Arranged for food to be stored and displayed in a manner that will protect it from contamination and spoilage
10. Organised for all high risk foods are kept cold, at or below 5°C, or hot food, at or above 60°C _____
11. Arranged for staff to wear clean, light coloured garments _____
12. Informed all staff that smoking is not permitted within the food selling, food handling or food storage areas _____
13. Arranged for a bucket or basin to collect all dirty waste-water _____
14. Informed all staff that dirty water must be emptied into an approved sewer point and not down a storm water drain _____

- 15. Organised enough rubbish bins and bags to collect all waste _____
- 16. Organised to have enough tongs, spoons and spatulas so that food isn't touched with bare hands or contaminated through the use of dirty equipment _____
- 17. Provided enough chopping boards, bowls etc, so that raw and ready to eat foods are prepared and stored separately _____
- 18. Provided all packaged goods for sale with the correct labelling (see guidelines) _____
- 19. Arranged for a fire extinguisher to be on site if cooking is involved _____

APPLICANT'S COMMITMENT TO FOOD SAFETY AND SIGNATURE

I, _____ (*the applicant*) have read the information contained in the Benalla Rural City Council Temporary Food Premises Information Kit, and agree to accept my responsibility under the *Food Act 1984*, *Food (Amendment Act) 1987* and the *Health Act 1958* (as amended) for the operations of the temporary food premises indicated in Section B.

The temporary food premises will be set up according to the Guidelines for Food Stalls information sheet. (Included in the kit)

All staff/volunteers will be instructed/trained so that they understand basic food principles and relevant information appropriate to their tasks before working.

The supervisor/coordinator will supervise all staff/volunteers to ensure compliance with relevant guidelines. (Included in the kit)

I understand that any poor food hygiene practices, and non-compliance with relevant guidelines may result in the seizure of any food and the immediate closure of the temporary food premises.

Signature: _____ **Date:** / /

Office Use Only				
Date application received: _____				
Contacts with applicant:	Phone:	_/_/	_/_/	_/_/
	Counter:	_/_/	_/_/	_/_/
	Information session / appointment:	_/_/	_/_/	_/_/
Comments: _____				

Date approved: _____				
EHO: _____				
Temporary Food Premises Registration Certificate Issued: _____				
Payment received:	Yes / No	Not applicable	Stall number issued _____	