

Register No. \_\_\_\_\_



PO Box 2  
WALCHA NSW 2354

Ph: 02 6774 2500

Fax: 02 6777 1181

Email: [council@walcha.nsw.gov.au](mailto:council@walcha.nsw.gov.au)

Website: [www.walcha.nsw.gov.au](http://www.walcha.nsw.gov.au)

ABN 24 780 320 847

## TEMPORARY FOOD PREMISES REGISTRATION

Under the *Food Act 2003*

### SECTION A: SITE DETAILS

Street Address:

Lot / Portion / Section / DP:

### SECTION B: APPLICANT DETAILS

Full Name:

Postal Address:

Daytime Contact Number(s):

Email:

### SECTION C: EVENT DETAILS

Event Name:

Event Location:

Date/s of Event (from-to):

### SECTION D: STALL DETAILS

Set up Time:

Event Start Time:

Event Finish Time:

Dismantle Time:

Number of Food Stalls:

Number of Food Vans:

Please provide a list of stall holders as per 'Annexure A' (attach additional sheets as required), including stall name, Council reference number, and food stall site number corresponding with the location map to be submitted with this application.

Temporary Food Stalls not previously registered with Council will need to complete the Temporary Food Stall Application Form and submit to Council with the associated fee.

**SECTION E: EVENT ORGANISER APPROVAL (if different to the applicant)**

I declare that I am the event organiser and support this application.

Name:

Signature:

Date:

**SECTION F: REGISTERED OWNER'S CONSENT**

As the registered owner(s) of the above property, I / we give consent to the submission of this application and authorise Council representatives to inspect all equipment and to make copies of all documents for the purpose of determining the application or providing copies to people who may be affected by the proposal.

Name:

Signature:

Date:

Name:

Signature:

Date:

Company Name (if applicable):

ABN / ACN (if applicable):

Authorised Officer Signature:

Date:

**SECTION G: APPLICANT DECLARATION**

I declare that the information provided on this form is accurate, complete and correct. I understand that this is an application, and approval of this application is not guaranteed.

Name:

Signature:

Date:

**SECTION H: APPLICANT CHECKLIST**

Temporary Food Premises Registration		Yes	N/A	Office Use
1.	Applicant's signature	<input type="checkbox"/>		<input type="checkbox"/>
2.	Consent from all owners	<input type="checkbox"/>		<input type="checkbox"/>
3.	Location map	<input type="checkbox"/>		<input type="checkbox"/>
4.	List of participating food stall holders as per 'Annexure A'	<input type="checkbox"/>		<input type="checkbox"/>
5.	Application form is fully complete	<input type="checkbox"/>		<input type="checkbox"/>
6.	Payment of fee	<input type="checkbox"/>		<input type="checkbox"/>

## SECTION I: LODGEMENT DETAILS

You can lodge the completed application by

**Mail:** Walcha Council  
PO Box 2  
WALCHA NSW 2354

**In person:** 2W Hamilton Street  
WALCHA NSW 2354

**Email:** [council@walcha.nsw.gov.au](mailto:council@walcha.nsw.gov.au)

For further information regarding your application please contact us:

**Telephone:** (02) 6774 2500

**Email:** [council@walcha.nsw.gov.au](mailto:council@walcha.nsw.gov.au)

## SECTION J: PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

**Purpose of collection:** For Council to provide services to the community.

**Intended recipients:** Council officers and authorised contractors of the Walcha Council

**Supply:** The information you supply in this application will enable your application to be assessed by Council. If the information is not provided, your application may not be accepted.

**Access / Correction:** Council staff or Government Information (Public Access) Act requests.

**Storage:** Councils record management systems and Archives.

## SECTION K: FEES (office use only)

Please contact Council for advice of fees payable.

Fee Type	Tick if fee payable	Fee
Temporary Food Premises Registration (275)	<input checked="" type="checkbox"/>	\$
	<b>Total fees:</b>	<b>\$</b>
	<b>Date received:</b>	__ / __ / ____
	<b>Receipt number:</b>	

## SECTION L: ENDORSEMENT OF RECEIPT (Office use only)

<b>Accepted by:</b>		<b>Date received:</b>	
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# ANNEXURE A

## PARTICIPATING FOOD STALL HOLDERS

### STALL DETAILS

PAGE  OF

Stall Name:	
Council Reference Number:	
Food Stall Site Number:	

Stall Name:	
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