

Register No. _____



PO Box 2
WALCHA NSW 2354

Ph: 02 6774 2500

Fax: 02 6777 1181

Email: council@walcha.nsw.gov.au

Website: www.walcha.nsw.gov.au

ABN 24 780 320 847

TEMPORARY FOOD STALL APPLICATION

Under the *Food Act 2003*

SECTION A: APPLICANT DETAILS

Business Name:	
Trading Name:	
ABN / ACN:	
Contact Person:	
Postal Address:	
Daytime Contact Number(s):	
Email:	

SECTION B: FOOD STALL DETAILS

Do you hold a current approval with another Council?

No Yes

Are potentially hazardous foods sold / prepared?

No Yes

Description of what foods / drinks will be sold:	
Name of event/s you will trade at:	

SECTION C: VAN DETAILS (if applicable)

Type of Vehicle:	
Vehicle registration number:	
Do you hold a current approval with another Council?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	

Are potentially hazardous foods sold / prepared? No Yes

Description of what foods / drinks will be sold:

Name of event/s, details of what specific locations food will be sold:

SECTION D: DETAILS OF OFF-SITE STORAGE / FOOD PREPARATION

The location/s of any off-site food preparation areas, and/or food storage including partial preparation such as chopping and cutting of ingredients, must be listed below. Each preparation and storage area must meet food hygiene requirements set out in the Food Standards Code. Evidence of the business registration with a council or NSW Food Authority must be submitted with this application. If you are preparing potentially hazardous food (PHF) then you must also attach a recent inspection report by a Council to this application.

Address:

SECTION E: TRANSPORTATION**How will food and equipment be brought to site?**
 Car Van
 Refrigerated Van Other, please describe: _____

What is the approximate travel time to the site?

SECTION F: FOOD SAFETY SUPERVISOR (if required)

FSS Name:

Certificate Identification No:

Expiry Date:

ABOUT THIS FORM

Approval of a food stall is subject to compliance with Council's requirements for temporary food stalls, which is in accordance with the NSW Food Authority *Guidelines for Food Businesses at Temporary Events, June 2016*; available at http://www.foodauthority.nsw.gov.au/Documents/retail/temp_events_guideline.pdf

SECTION G: APPLICANT DECLARATION

I have read, understood and fully comply with the compliance requirements. 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 Stall Application		Yes	N/A	Office Use
1.	Applicant's signature	<input type="checkbox"/>		<input type="checkbox"/>
2.	Food Premises Council Registration (if off-site food storage / preparation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Food Premises Inspection Report (if PHF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Application form is fully complete	<input type="checkbox"/>		<input type="checkbox"/>
5.	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

For further information regarding your application please contact us:

Telephone: (02) 6774 2500

Email: 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 Stall Application (275)	<input checked="" type="checkbox"/>	\$
	Date received:	__ / __ / ____
	Receipt number:	

SECTION L: ENDORSEMENT OF RECEIPT (Office use only)

Accepted by:		Date received:	
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