

Please print clearly in **BLOCK LETTERS** with a black pen.
 Ensure all fields have been filled out correctly.
 Please tick the appropriate boxes.
 Once your application is received a Council Officer will contact you if further information is required.

You may use this form to submit with Application for Approval when applying for a Temporary Food Premises Approval to operate within the Bega Valley Shire. This form is for individual stall holders to complete. **Note:** Approval of a food stall is subject to compliance with Council's requirements for temporary food stalls, which can be found on the Bega Valley Shire website, www.begavalley.nsw.gov.au.

1 Owner / proprietor details

Owner/proprietor name Full name

Company name

Registered address Street or PO

Daytime contact details

Phone Fax

Mobile Site contact*

Contact name (if different from above)

Email address

2 Event details

Event/s attended Name/s

Venue/s

How often / when? Frequency (tick box)

Caravan weekly Date/s (from/to)

Stall monthly

Food sold from: one-off Vehicle Stall name

fortnightly Trailer

3 Food sold

Please list all food types to be sold

If necessary, write overleaf or attach a separate sheet.

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OFFICE USE ONLY



Receipt No. Allocation No.

Receipt date

CS staff Application fee

Action Workflow: P&E Business Premises Registration Details

4 Details of off-site food preparation area(s)

Please read carefully

The location(s) of any off-site preparation areas including partial preparation such as chopping and cutting of ingredients is to be listed and must meet Council health requirements. If the location(s) are not in the Bega Valley Shire area, evidence of registration with the applicable Council must be provided.

Location of food preparation area(s)

Street address

Is this location Yes

in the Bega Valley Shire?

No →

If not, have you attached evidence of registration with the applicable Council for this location? Yes (please list below) No ↓

If additional off site preparation areas are used, please attach details on a separate sheet.

Your application **cannot be approved** without this evidence. Please obtain evidence of registration before submitting this form.

List evidence if applicable

5 Equipment details

Please list equipment to be used at the stall(s)

Food heating / cooling devices

Location of cooking / heating equipment

Refrigeration / storage units / ice bricks / ice

Floor covering

Counter food protection / sneeze guards

Hand washing facilities (must provide warm water)

Overhead protection over all cooking and preparation areas

Any additional equipment

Owner(s)/proprietors declaration

I declare that to the best of my knowledge the information provided in this application is accurate and correct. I understand that under the Government Information (Public Access) Act 2009 details contained on this application, including my name and address, will become publicly available.

Signature of owner(s) / proprietor(s)

Date

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