

| ATTN: | Temporary Events Notification *THIS FORM IS A REQUIREMENT UNDER THE FOOD ACT 2001* ENVIRONMENTAL HEALTH |
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| 1. | Name of Event, Location, date(s) and time(s) of event: |
| | Name: |
| | Location: |
| | Date(s): |
| | Time(s): |
| | **NOTE: FOR EVENTS THAT OPERATE OVER A LONG PERIOD (i.e. MORE THAN 6 |
| | HOURS) ACTIVE REFRIDGERATION SHOULD BE CONSIDERED** |
| 2. | Contact Details of company/body responsible for the event; |
| | Name: |
| | Address: |
| | Postal Address: |
| 3. | Contact details of event organiser/coordinator or person responsible for |
| | organising/coordinating food stalls; |
| | Name: |
| | Postal Address: |
| | Telephone: (business hours): |
| | (after hours): |
| | Mobile <u>:</u> |
| | Fax: |
| 4. | Name of Food Business, & type of food to be sold & place of purchase (if applicable) |
| | See attached |
| 5. | Name of Council where your business resides/Food business notification number. |
| | See attached |



| Name and/or number of stall | Name of Stallholder or name of food business and proprietor | Address of stallholder or food business | Phone, mobile and fax numbers of stallholder/food business | Types of food to be sold | Name of Council where business resides/Food business notification number |
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