

## Temporary Events Notification

\*THIS FORM IS A REQUIREMENT UNDER THE FOOD ACT 2001\*

### **ATTN: ENVIRONMENTAL HEALTH**

**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: \_\_\_\_\_

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 \_\_\_\_\_

[illegible]