

ATTN:	Temporary Events Notification *THIS FORM IS A REQUIREMENT UNDER THE FOOD ACT 2001* 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 <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