

SPECIAL EVENTS FOOD BUSINESS NOTIFICATION FORM – *Food Act 2003*

1. Information

The Food Act 2003 requires retail food businesses to notify Council of their details prior to trading including temporary food stalls and mobile food vans.

This form allows event organisers to submit this information for all food premises and assists Council to conduct a risk assessment as to whether food safety inspections will be required to be undertaken at the event. If inspections are required, then the event organiser is charged at the per hour fee listed in Council's Fees and Charges.

This form is to be filled in and submitted to council within a minimum of 7 days prior to the event occurring.

2. Event Details

Event Name			
Event Reference Number			
Location			
Date(s)		Start and Finish Time(s)	
Short Description of Event			

3. Event Organiser Details

Organiser Company or body				
ABN/ACN				
For companies, contact name				
Postal Address				
Suburb		State		Post code
Contact phone number		Mobile number		
Email address				

4. Event Inspection Details

Time food businesses will be set up	
Best site contact person on the day	
Phone number	

How to Lodge your Application

The application can be lodged in person or electronically via email (council@singleton.nsw.gov.au) or by using the Submit Form button below. Please contact our Customer Service Centre if you have any enquiries

Please completed the table over this page prior to submitting your form.

PRIVACY NOTIFICATION: Personal and private information supplied to Council is managed in compliance with the *Privacy and Personal Information Protection Act 1998*, *Government Information Public Access Act 2009* and Council's Privacy Management Plan. The supply of information on this form is voluntary but it is required to process your application/request. If you have any further enquiries concerning Privacy matters, contact Council's Privacy Officer on **T** 02 6578 7290.

4. List of Temporary Food Stall and Mobile Food Van Attending the Event

Trade Name	Proprietor/Company Name and ABN /ACN Contact	Name and Contact Details (Phone Number, E-Mail Address)	Postal Address	Types of Foods to be Sold	Mobile (M) or Temporary Food Stall (T)	If required, do you have a current Food Safety Supervisor Certificate (FSS) *	Have you had a recent Council Inspection? If yes, date and name of Council *	FSS and/or Council Inspection Report attached
					<input type="checkbox"/> M <input type="checkbox"/> T	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> M <input type="checkbox"/> T	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> M <input type="checkbox"/> T	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> M <input type="checkbox"/> T	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
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					<input type="checkbox"/> M <input type="checkbox"/> T	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> M <input type="checkbox"/> T	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

* This information is not compulsory but assists Council to conduct an accurate risk assessment as to whether food safety inspections will be required at the event.