

# Application – Temporary Food Premises Licence (Individual Events)

Food Act 2006

You must complete all questions unless the form indicates otherwise.  
Incomplete forms or forms without all necessary information and documentation will result in your application being an improperly made application.

Please:

- complete the form and return to Council; and
- provide any mandatory supporting information identified on the application form; and
- submit the applicable fee

Temporary Food Licence

Taste Testing Food Stall

## 1. APPLICANT DETAILS

**Note:** The applicant is the person who will hold the permit and will be legally responsible for complying with the applicable conditions. A business name or trust is not a legal entity and should not be entered in this field as the applicant. Where a person or company operates a business, the applicant is the person or company.

*Example – Jane Bloggs & Joe Bloggs, Joe Bloggs Pty Ltd, Jones Ltd, The Business Inc.*

**Applicant (Entity) Name:**

(Individual/Partnership/Corporation)

**Is the Applicant a Not for Profit (Community, Sporting or Service) Organisation?**  Yes  No

If Yes, Please attach a certificate of incorporation to this application

**Applicant Postal Address:**

Does this postal address apply to all Council Departments (i.e. rates, water, permits, animals etc.)  Yes  No

**Applicant Registered Office Street Address:**

*or nominated address if applicant is a Not for Profit Organisation*

**Applicant Phone Number:**

**Applicant Mobile:**

**Applicant Email Address:**

**Applicant Contact Name if not an Individual:**

**ACN / ABN:** (where applicable)

## 2. EVENT DETAILS

**Event Name:**

**Event Location:**

**Event Dates:**

**Operation Hours:**

**Estimated number of attendees:**

(for private or corporate functions)

### OFFICE USE ONLY

Are all sections of the application completed and signed?  Are all the supporting documents attached (see page 3)?

Receipt Type: 760

Fee Paid:

Receipt No:

CSO:

**2. SITE DETAILS**

Trading Name if Stall:

Site Contact Name:  
(if different to Applicant)

Site Telephone:  
(if different to Applicant)

Site Contact Mobile:  
(if different to Applicant)

Product description - describe the food types intended to be sold / provided:

Taste Testing Offered:  Yes  No

**3. ORIGIN OF FOOD**

**Note: Food prepared by you *other than at the temporary food premises* must be done in a licensed kitchen. If this kitchen is located outside the Douglas Shire Council area, a copy of its food licence must be provided.**

Is all food being prepared within the temporary food premises? YES  NO

If 'no', what is the name, address of the licenced kitchen where food is being prepared?

**4. NOMINATION OF FOOD SAFETY SUPERVISOR (FSS)**

Full Name:

Business Hours  
Contact No:

*NB: Please provide a certified copy of a Statement of Attainment for specified units of competency to Council. If you have more than one FSS, please advise details and relevant contact information in the Additional Details section.*

**5. SUITABILITY OF PERSON TO HOLD A LICENCE**

- 4a. Have any of the applicants been convicted for a breach of any food legislation? YES  NO
- 4b. Have any of the applicants been refused a licence under the *Food Act 2006*, the *Food Act 1981*, or a corresponding law? YES  NO
- 4c. Have any of the applicants previously held a licence under the *Food Act 2006*, the *Food Act 1981*, or a corresponding law? YES  NO

**NB: If the applicant is a Corporation or an Incorporated Association, an executive officer of the Corporation, or a member of the Association's management committee, are included. If the answer is Yes to items 4a. and 4b. please provide details.**

**6. ADDITIONAL DETAILS (if required)**

Blank lines for additional details.

**7. SIGNATURES (please use Additional Details for further applicant signatures where applicable)**

Signing this form is a legal declaration that all the details provided are true and correct.

NB: If the applicant is a Corporation, the signing applicant must state his/her position and have delegated authority to sign on behalf of the Corporation. If the applicant is a partnership, both partners must sign the form.

Print Name/s:

Signature/s:

**Douglas Shire Council – Information Privacy Statement**

Your personal information has been collected for the purpose of processing your application for food safety accreditation. The collections of this information is authorised under the *Food Act 2006*. You are providing personal information which will be used for the purpose of delivering services and carrying out council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by personal who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.

**8. CHECKLIST**

|  |                          |
|--|--------------------------|
| Food Stall Design form completed & submitted? (mandatory)                                  | <input type="checkbox"/> |
| Evidence of payment of licence fee   | <input type="checkbox"/> |
| Copy of Food Licence of premises where food is being prepared attached? (where applicable) | <input type="checkbox"/> |

**9. BPAY TRANSACTION DETAILS (if applicable)**

|               |         |                  |
|---------------|---------|------------------|
| Payment Date: | Amount: | BPay Receipt No: |
|---------------|---------|------------------|

Please provide payment information to assist with reconciling payment with this form

**ADDITIONAL NOTES**

- Temporary food premises operated on a regular basis may attract additional requirements.
- For construction and operational requirements relating to temporary food premises, please contact Environmental Health on 07 4099 9444.
- Contact an Environmental Health Officer at Douglas Shire Council for further information.

| FEE SCHEDULE 2020/21     |          |
|--------------------------|----------|
| Temporary Food Licence   | \$121.00 |
| Taste Testing Food Stall | \$ 66.50 |

# Temporary Food Premises - Food Stall Design Form

*(events, markets and non-profit organisations)*

*Food Act 2006*

This form is to be submitted together with an application for a temporary food premises  
 Please complete ALL sections of the form

## 1. FOOD TYPES

List the food types to be sold:

---



---



---

## 2. STALL TYPE

**Ceiling:**

Describe your roof/ceiling.  
 What material is it?  
 How is it secured?

---



---



---

**Walls:**

Describe your walls.  
 How many sides?  
 What material?  
 How are they secured?

---



---



---

**Flooring:**

Describe the flooring.  
 What area does it cover?  
 What material is it?  
 How is it secured?

---



---



---

## 3. STALL LAYOUT

**Describe the layout of the stall:**

Include all equipment, e.g. tables, BBQ, cooler box, bain-marie, hand wash facility etc.

Alternatively, you may draw a floor plan here or attach separately.

(does not need to be to scale)

#### 4. FOOD STORAGE & DISPLAY

**Food storage during transportation:**

Describe how your food is stored during transportation, e.g. refrigerated vehicle, cooler box (esky), enclosed containers.

---



---



---

**Food storage within stall:**

Describe your food storage facilities within the stall, e.g. cooler box (esky), hot box, enclosed containers

---



---



---

**Food display:**

If relevant, describe your food display facilities, e.g. bain-marie, pie warmer, cold display.

---



---



---

#### 5. HAND WASHING FACILITY

**Hand washing:**

Describe your hand washing facilities.

---



---



---

#### 6. CHECKLIST

|                          |                          |   |                          |
|--------------------------|--------------------------|---|--------------------------|
| Probe thermometer        | <input type="checkbox"/> | Liquid soap                                       | <input type="checkbox"/> |
| Spare utensils           | <input type="checkbox"/> | Paper towel                                       | <input type="checkbox"/> |
| Utensil washing facility | <input type="checkbox"/> | Potable water supply                              | <input type="checkbox"/> |
| Detergent                | <input type="checkbox"/> | Rubbish bins                                      | <input type="checkbox"/> |
| Tea towels               | <input type="checkbox"/> | Waste water disposal                              | <input type="checkbox"/> |
| Sanitiser                | <input type="checkbox"/> | Oil/fat disposal                                  | <input type="checkbox"/> |
| Cloths/wipes/sponges     | <input type="checkbox"/> | 1 <sup>st</sup> aid kit (with coloured band-aids) | <input type="checkbox"/> |
| Broom/dustpan/mop        | <input type="checkbox"/> | Fire safety equipment                             | <input type="checkbox"/> |
| Buckets/containers       | <input type="checkbox"/> | Electrical leads tagged and tested                | <input type="checkbox"/> |

**Example floor plan:**

