

# Notification of a Temporary Food Premises Event (for a Non-Profit Organisation or Licensed Off-site Caterer)

Food Act 2006

**Definition of non-profit organisation:**

- Is not carried on for the profit or gain of its individual members, and
- Is engaged in activities for a charitable, cultural, educational, political, social welfare, sporting or recreational purpose

Please:

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

To: Chief Executive Officer, Douglas Shire Council

**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

**Note: Documentation must be provided to show your organisation is 'non-profit' as per the above definition.**

**Is the applicant a Licensed Off Site Caterer?**  Yes  No

**Note: If the applicant is a licensed off site caterer a copy of the current food licence must be provided.**

**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: N/A	Fee Paid:	Receipt No:	CSO:
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## 9. CHECKLIST

Food Stall Design Form completed & submitted? (mandatory)

Documentation to show your organisation is 'non-profit'? (Not for Profit Notification)  
(e.g. letter on official letterhead that includes the ABN / ACN)

Copy of Current Food Licence (Off-site Catering Notification)

You can either email/mail the notification or lodge it in person at a Council administration office.

## ADDITIONAL NOTES

- The sale of meals on more than 11 occasions per year requires a Food Licence.
- For construction and operational requirements relating to temporary food premises, please contact Environmental Health on 4099 9444.
- Contact an Environmental Health Officer at Douglas Shire Council for further information.



#### 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:**

