DOUGLAS SHIRE COUNCIL

Phone: 07 4099 9444 **Web:** www.douglas.qld.gov.au
Email: enquiries@douglas.qld.gov.au **Postal:** PO Box 723 Mossman Qld 4873
Office: 64-66 Front St Mossman

26/27 EHT3

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:

3. SITE DETAILS

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**

4. ORIGIN OF FOOD

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

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

5. 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.

6. SUITABILITY

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.

7. ADDITIONAL DETAILS (if required)

8. DECLARATION

I _____ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

Applicant Signature:		**Date:**	

Douglas Shire Council – Privacy Collection Notice: Douglas Shire Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by *the Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

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.

10. 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.**

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EHT4

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	☐	Liquid soap	☐
Spare utensils	☐	Paper towel	☐
Utensil washing facility	☐	Potable water supply	☐
Detergent	☐	Rubbish bins	☐
Tea towels	☐	Waste water disposal	☐
A suitable food grade sanitiser	☐	Oil/fat disposal	☐
Cloths/wipes/sponges	☐	First aid kit (with coloured band-aids)	☐
Broom/dustpan/mop	☐	Fire safety equipment	☐
Buckets/containers	☐	Electrical leads tagged and tested	☐

Example floor plan: