

Registration & Request for Inspection of Temporary Food Premises

File Reference:

Expiry Date: 30 June 2020

About this Form

Use this form to apply for an inspection of temporary food premises to operate for a fixed period.

Lodgement & Fees

See page 2

Any questions

Phone Customer Service on (02)9391 7000, or call in personally (see page 2)

▼ Applicant's Details

1. Applicant's name, address and contact details.

Title: Mr Mrs Miss Ms ACN No:.....
Name of Applicant:
Residential Address:.....
..... Post Code:
Phone: (B) Mobile:
Phone: (H) E-mail:

▼ Food Premises Details

2. Details of Temporary Food Premises

Include here the details of how you intend to set up and operate your temporary food premises as well as the details of any primary premises where food or equipment is stored/prepared prior to the event.

Date of Festival/Fair:
Stall Trading Name:
Proposed location of stall (include address and Festival/Fair name):
.....
Is stall on behalf of a charitable organisation? Yes No
If so, who?:
Type of food intended to be sold (describe range and type of food and whether it is to be sold in a wrapped or unwrapped form, hot or cold, etc)
.....
Address of Premises where food will be prepared, processed, packed etc. prior to sale at the festival:
.....
Registration details of primary premises (if not in Woollahra Council) including;
1. Council area:
2. Council registration number:
3. Copy of last food inspection report attached: Yes No
In what manner is the food to be transported to the festival?
.....

In the case of unwrapped foods, including tastings, how do you intend to protect it against contamination.....

.....

In the case of food requiring temperature control, how do you intend to keep it hot or cold?

.....

Is your stall/kiosk: Mobile food premises Tent Other

If other specify:

Diagram of stall/kiosk/van layout attached: Yes No

If a mobile food premises, what is the registration number?

What facilities are proposed for:

a. Hand washing for food handlers?

.....

b. Washing food handling utensils?

.....

c. Disposal of sullage water?.....

.....

▼ Food Safety Supervisor (FSS) Details

3. Food Safety Supervisor name and details of valid certificate.

Name of FSS:.....

FSS Certificate Number:

Date issued:

Refresher due date:

▼ Signatures

4. Your declaration

I confirm that the information provided in this form is true and correct and I acknowledge that the lodgement of this form does not authorise commencement of operations. Operations should not commence until a Food & Health Officer of Council has inspected the premises and confirmed the premises are compliant with all relevant legislation.

☒ Signature:..... Date:.....

OFFICE USE ONLY

To be completed by Council's Cashier and Customer Service Officer.

GST is not applicable.

Retain your receipt as proof of lodgement of the application.

☒ Receiving Officer: Date:.....

☒ Cashier:..... Date:.....

	Fee	Receipt Code
Inspection Fee		541
Total:		

How to lodge this application

Address the application to: The General Manager
Woollahra Municipal Council

You can send it to us by any of the following methods

Post: PO Box 61
Double Bay 1360

DX: DX 3607 Double Bay

Courier or personal delivery: Council Chambers
536 New South Head Road
Double Bay NSW 2028

How to contact us by phone, fax or electronically

Phone: (02) 9391 7000

Fax: (02) 9391 7044

Email: records@woollahra.nsw.gov.au

Web: www.woollahra.nsw.gov.au

Who to contact: The Food & Health Officer handling your application in the Compliance Section.

If you wish to discuss a proposal with our Food & Health officer, it's essential that you arrange an appointment. We recommend that you consult with the Food & Health officer before lodging this application.

Fees

The minimum inspection fee is \$90 for inspections up to 30 minutes in duration (including travelling time) and \$176 for inspections over 30 minutes (including travelling time).

Payment methods

In Person

Payment can be made at our Customer Service Centre by the following methods: cash, EFTPOS, cheque, Money Order (make payable to Woollahra Council) or by credit card — American Express, Diners Club, MasterCard or Visa. Credit card payment will incur a processing fee.

By Mail

For credit card payments, please complete the attached "Credit Card Payment" form.

For cheque payments, please make payable to Woollahra Council.

Acknowledgement

You will receive a receipt specifying the amount of fees paid.

Making a personal visit?

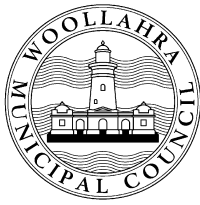
Woollahra Council is located at 536 New South Head Road, Double Bay. We look forward to seeing you.

Bus or Rail: Train to Edgecliff and take the bus or walk from the interchange at the Edgecliff Centre.

Parking: Short term customer parking spaces are available on site. On street parking in nearby streets is also available.

Privacy notification

The personal details requested on this form are required under the *Food Act 2003 & Food Regulation 2015* and will only be used in connection with the requirements of this legislation. Access to this information is restricted to Woollahra Municipal Council officers and other people authorised under the Acts. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.



Credit Card Payment Form

All credit card payment will incur a processing fee currently 0.55%

Payments should be sent to: Woollahra Council
536 New South Head Road
DOUBLE BAY NSW 2028

OR

PO Box 61
DOUBLE BAY NSW 1360

OR

DX 3607 DOUBLE BAY

Credit card payment

This matter will not be processed until the credit card payment has been authorised

Tick Applicable Credit Card	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DINERS CLUB	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA															
Full Name on Credit Card																			
Credit Card No.				--															
Card Expiry Date			--			Total Amount Paid	\$												
Cardholder's Signature																			
Date						Contact Phone No.													

Reason for payment

Please indicate in this section the reason for the payment and any other applicable information.

Payment For _____

Council Reference Eg. DA No.etc _____

Address (where applicable) _____

PRIVACY NOTIFICATION

The personal details requested on this form are being collected, and will only be used for, the purpose of processing your payment. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council will not be able to process your payment. Access to the information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.

OFFICE USE ONLY	Payment Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cashier	_____	
	Date	_____	