



**GLAMORGAN SPRING BAY COUNCIL**

**PO Box 6 Triabunna TAS 7190**

Phone 6256 4763 Fax 6256 4774

Email- health@freycinet.tas.gov.au

# Temporary Food Business

Application for **Registration** of a Temporary Food Business

## You must select one of the following:

- Temporary Food Stall selling Non Perishable Foods (refrigeration not required) please complete first page only.
- Temporary Food Stall. Temporary Food Stall selling Perishable Foods e.g. Meat, seafood, dairy etc.
- Licensed Mobile Food Van (No fee required) Please complete the first page only & attach a copy of current annual licence.

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### Applicant Details

Name of applicant: .....

Name of Organisation/Business: .....

**Person responsible for Food Safety:** .....

Postal Address: .....

..... Postcode: .....

Telephone: ..... Mobile Phone: .....

Facsimile: ..... Email: .....

Emergency Contact: ..... Telephone: .....

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### Temporary Food Business Details

Name of event (if applicable): .....

Location of temporary food stall: .....

Name of food stall: .....

For Mobile Food Business – Vehicle registration number and address where garaged:

.....

.....

Proposed dates: .....

Start Time: .....Finish Time: .....

Types of foods/drinks to be sold: .....

.....

.....



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**Food Preparation** – describe foods to be prepared (i.e. cooked, heated, cut etc.)

on-site at the event: .....

.....  
.....

**Temperature Control** – explain how potentially hazardous foods will be kept either cold (not more than 5°C) or hot (not less than 60°C) **during transportation** to the stall:

.....  
.....

**Temperature Control** – explain how potentially hazardous foods will be kept either cold (not more than 5°C) or hot (not less than 60°C) **during storage and sale** at the stall:

.....  
.....

**NOTE: Potentially Hazardous Foods** are those foods that support the growth of bacteria including food poisoning bacteria and include foods such as meat and meat products, seafood, chicken, milk and milk products, gravy, mayonnaise, custard, cooked rice and other similar type products.

**Hand Washing Facilities** – Provide details of hand washing facilities for your stall:

.....  
.....

**Food Safety Skills and Knowledge:** Provide details of Food Safety

Training/Qualification or experience of the proprietor and/or food handlers:

.....  
.....  
.....

Do you intend to provide any of the following to staff or volunteers working at your stall?  
(please tick)

- "I'm Alert" on-line food handler training
- On the job food safety training
- Briefing to staff advising of acceptable food handling practices
- Other: .....

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**Food Stall Layout/Plan** – Please draw a plan of your stall on the grid including dimensions. Label each area with the corresponding numbers from the legend below. Please add other items you have in your stall.

A large grid for drawing a food stall layout plan. The grid is 20 squares wide and 25 squares high.

- |    |                                    |     |       |
|----|------------------------------------|-----|-------|
| 1. | Hand Washing .....                 | 6.  | ..... |
| 2. | Food Preparation .....             | 7.  | ..... |
| 3. | Fridge or Cold Storage .....       | 8.  | ..... |
| 4. | Equipment Washing Facilities ..... | 9.  | ..... |
| 5. | .....                              | 10. | ..... |



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**Fee and Signature**

**Application fee:** \$15.00

**Local non profit community group:** Free

**Signature of applicant:** .....

**Name of Applicant:** .....

**Date:** .....

*Please lodge your completed form and application fee with the  
Environmental Health Officer of the Council*

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**Office Use Only**

**Receipt No.:**

**Date:** ..... / ..... / .....

ASSESSMENT REPORT

- I RECOMMEND THAT the proposed food premises situated at the above address be registered subject to the terms and conditions on the attached Certificate.
- I DO NOT RECOMMEND the granting of the proposed Registration. My reasons are given in the attached report.

EHO Signature: .....

**Conditions:** .....

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.....  
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