



CIRCULAR HEAD COUNCIL

33 Goldie Street, Smithton
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Mobile Food Business

Food Act 2003
Sections 87, 88 & 89

Application for **Registration/Renewal** of a Mobile Food Business

- I am applying for State Wide Registration
- I am applying for a 'one off' event specific Registration
(tick appropriate box)

Mobile Food Business Proprietor's Details

Name of applicant *(for example, name if sole trader, or company name)*

Date of Birth *(if a sole trader)*

ABN

Address *(physical address where the mobile food business is kept/garaged etc.)*

Postcode:

Telephone:

Mobile Phone:

Email:

Specific Business Details

Trading Name of business:

Contact person:

Telephone:

Mobile Phone:

Email:

Type of Mobile structure *(eg food van, caravan, tent based, open stall)*

Types of food

Details of food safety skills and knowledge *(food safety qualifications, training or experience – attach details if insufficient space)*

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.....

For vehicles registered under Roads and Traffic Act - vehicle registration number:

Food Preparation and Storage

Please detail where food sold via your mobile food business will be stored and prepared – provide the property address of any premises where food is stored and prepared.

Mobile Food Business Layout – Please attach an A4 plan or photographs that clearly depict the layout of your mobile food business as part of this application.

I,
(print full name)

- understand and agree that information about this application and the businesses' on-going operations will be shared with relevant councils and the Department of Health and Human Services to assess this application and the businesses' compliance with the *Food Act 2003*.
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Fee: To Be Determined by Risk Class

Application fee: \$

Signature of applicant..... Date / /.....

Please lodge your completed form and application fee with the General Manager of the Council

Payment methods:

Cash, cheque or card at the Council offices.

Attach a cheque

EFT or Credit Card payment - please contact Council's finance department on 03 6452 4830 during business hours to obtain the correct reference details.

OFFICE USE ONLY

Ledger No:

Fee: \$

PID:

Receipt No.:

Date:

/

/20

Assessment Notes: