

# Notification of a Temporary Food Business

Food Act 2003

## Application Checklist

Please be advised that applications submitted within **10 business days** prior to the event will be subject to an urgency fee. Please see Council's adopted fees and charges for details.

Completeness	Attachments
<input type="checkbox"/> Applicant Details <input type="checkbox"/> Activity Details <input type="checkbox"/> Food & Food Handling Details <input type="checkbox"/> Nomination of a Food Safety Supervisor <input type="checkbox"/> Schedule A 'Event Details' <input type="checkbox"/> Signature provided <input type="checkbox"/> Application fee paid (if applicable)	<input type="checkbox"/> Floor plans to standard similar to Appendix 1 <input type="checkbox"/> Copy of statement of attainment for "Food Safety Supervisor" (if applicable) <input type="checkbox"/> Copy of menu <input type="checkbox"/> ACNC register documentation for Charities and Not for Profit Organisations <input type="checkbox"/> Registration documentation if registered with home Council (Food Vehicles only) <input type="checkbox"/> Inspection documentation if registered with home Council (Food Vehicles only)

New Application

Renewal: Date of Expiry: \_\_\_\_\_

Registration Number: \_\_\_\_\_

## ABN Details

Instructions for completion:

- 1) Enter your ABN, ACN or name in the search function at <http://www.abr.business.gov.au>
- 2) Identify and click on the correct & current ABN
- 3) Complete the details below as per the 'Current details' search results

Entity Name:	
ABN:	

## Business Details

Instructions for completion:

- 1) Following on from 2) above, click on the correct & current business name
- 2) You will be redirected to a ASIC webpage relating to your business
- 3) Complete the details below as per the 'Business Name Summary' information displayed

Business Name:			
Address for service of documents:	Suburb		Post Code
Principal place of business:	Suburb		Post Code
Not for Profit	<input type="checkbox"/> Yes. Please attach current ACNC register documentation (refer to <a href="https://acnc.gov.au">https://acnc.gov.au</a> 'Find a Charity') <input type="checkbox"/> No		



## Contact Details

Surname		First Name	
Business Hrs Phone		Mobile Phone	
Email Address			



## Activity Details

Type of Stall	<input type="checkbox"/> Stall (marquee) <input type="checkbox"/> Other _____ <input type="checkbox"/> Mobile food vehicle
If your business is a mobile food vehicle, are you currently registered with your home Council?	<input type="checkbox"/> Yes. Please attach a copy of your registration and your most recent inspection report. <b>A notification fee will not apply and an inspection may not be required.</b> <input type="checkbox"/> No
Type of Food Handling	<input type="checkbox"/> Pre-packed foods (e.g. jams, preserves) <input type="checkbox"/> Tasting / Sampling (e.g. tea, honey, jams) <input type="checkbox"/> Handled foods <input type="checkbox"/> Other _____



## Food and Food Handling Details

Food Item	Preparation or Cooking Procedure	Off Site Preparation		Holding / Storage	
		Yes	No	Hot	Cold
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of premises for off site preparation (if applicable)					
Address					
Suburb		Postcode			
How is food to be transported to the event?		Vehicle Registration Number			
How is food to be stored if event runs more than one (1) day?					
Where will utensils be cleaned and sanitised?					
Describe	Cold holding equipment				
	Hot holding equipment				
	Cooking equipment				
	Reheating equipment				
Water supply?		<input type="checkbox"/> Reticulated	<input type="checkbox"/> Private, e.g. bore, tank		
Will you be using raw egg or raw egg product?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		



## Nomination of a Food Safety Supervisor (not required for businesses with a current ACNC register number)

Food Safety Supervisor Name			
Contact Address			
Suburb		Postcode	
Phone Business Hrs			

### Customer Signature

I/we hereby make application for Temporary Food Business Registration, and declare the information provided to be true and correct. I/we understand that should any information not be completed or attached, or relevant fees not received with application, this application may be considered not properly made, and returned without assessment.

Name		Signature		Date	/	/
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Payment on this application is considered an invoice - ABN: 60 919 148 928. No GST is applicable on Registration Fees.

### Schedule A 'Event Details'

Please provide details of each event below. Approval can only be granted to those events identified. Addition of events at a later time may incur a charge. For further information please refer to Council's Fees and Charges.

Date/s		Time	
Event Name			
Venue Name			
Event Address			
Suburb		Post Code	

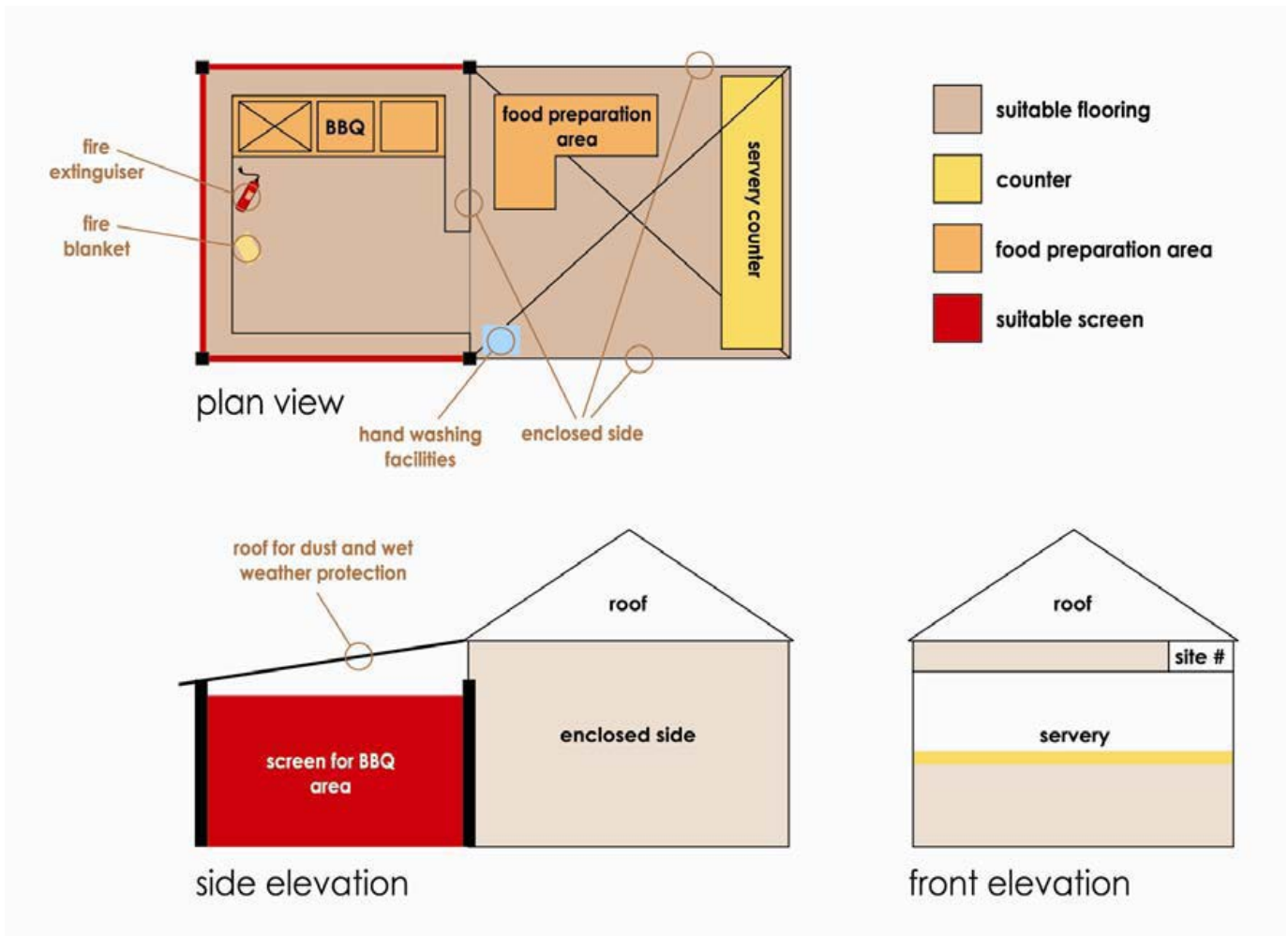
Date/s		Time	
Event Name			
Venue Name			
Event Address			
Suburb		Post Code	

Date/s		Time	
Event Name			
Venue Name			
Event Address			
Suburb		Post Code	

Date/s		Time	
Event Name			
Venue Name			
Event Address			
Suburb		Post Code	

Please attach additional pages if required

## Appendix 1: Example Floor Plan – Temporary Food Stall



**LODGE MENT INFORMATION**

**HOW TO LODGE YOUR APPLICATION**

**Address the application to**

General Manager  
Cessnock City Council  
PO Box 152  
CESSNOCK NSW 2325

OR

General Manager  
Cessnock City Council  
DX 21502  
CESSNOCK

**Payment Method**

**By mail** - Cheque, Money Order or Credit Card (*complete the section below*)

**Lodge in person  
(between 9am – 4.30pm) at  
Council’s Administration Building**

Cessnock City Council  
62-78 Vincent Street  
CESSNOCK NSW

**Payment Method**

**In person** - Cash, Cheque, Money Order, Bankcard, Mastercard, Visa, and/or EFTPOS.

**How to Contact Us**

Phone: (02) 4993 4300  
Fax: (02) 4993 2500  
Email: [council@cessnock.nsw.gov.au](mailto:council@cessnock.nsw.gov.au)  
[www.cessnock.nsw.gov.au](http://www.cessnock.nsw.gov.au)

**Office Hours**

9am to 5pm Monday to Friday  
*\*Payments are accepted until 4.30pm*

**Fees**

Fees are calculated in accordance with Council’s adopted fees and charges.

If you require further information regarding this request, please contact Council's Customer Service Centre on (02) 4993 4300.

***Cessnock City Council takes the privacy and security of personal information very seriously. To eliminate the risk associated with Credit Cards, Council does not collect or store Credit Card information.***

***Credit Card payments are processed by Council’s Call Centre using a call in or call back facility. Customers are able to select their preferred option.***

If you wish to make payment via Credit Card, please nominate your preferred telephone contact number for our Customer Service Team to contact you on.

**Payment Contact Name:** .....

**Payment Contact Phone Number:** .....