



INTRODUCTION

You must complete and submit this form at least 14 days prior to every event you attend. Should you have any further enquiries or need help in completing the form, please contact the Health Services branch on ☎ 9658 8858.

EVENT DETAILS

Name of Event:	Date(s) of Event:
Location of Event:	Site Number:
Time the event begins and ends	
Start:	End:

PROPRIETOR DETAILS

Proprietor's Name (Person[s] or Company):		
Proprietor's Address:		
Mailing Address:	Postcode:	
Contact Name:		
Telephone:	Mobile:	Fax:
Email:	ABN :	

Is your food business one of the following: (tick only if appropriate)

Not for profit Organisation
 Community Group
 Charity Organisation

PREMISES DETAILS

Trading Name : _____

Premises ID: (list all applicable) _____
 (unique number listed on the registration certificate or notification advice from council for each stall or site)

Premises Classification: (Tick appropriate circle)

Class 2
 Class 3
 Class 4

My business is: (Tick appropriate circle)

a mobile food vehicle or cart
 a temporary structure (covered), eg marquee, tent or stall within a building.

My Principal Council is (Council that has registered the premises or received notification): (Tick appropriate circle)

City of Melbourne Food Act Registration/Notification Number: _____
 Other Council (please specify) _____ Certificate enclosed
 You will need to submit a photocopy of the Certificate of Food Act Registration if your Principal Council is **not City of Melbourne**

Not Registered **You will need to apply for registration with your Principal Council**

PROPRIETOR DECLARATION

I understand and acknowledge that the information provided is true and complete to be best of my knowledge. This notification is a legal document and penalties exist for providing false or misleading information.

Proprietor's Signature: _____ **Date:** _____

Optional

I (PRINT NAME) _____ being the proprietor of this temporary food premises, consent the disclosure to _____ (NAME OF EVENT ORGANISER/VENUE MANAGEMENT), all information or publication of documents relating to the temporary food premises which may be revealed or obtained as a result of an inspection and sampling conducted in relation to the Food Act 1984 during the _____ (NAME OF EVENT) by authorised officers of the City of Melbourne, Health Services Branch.

Proprietor's Signature: _____ **Date:** _____



TEMPORARY & MOBILE FOOD PREMISES OPERATIONS AND FOOD HANDLING

My business will be selling/giving away (Tick appropriate circle)

- Hot cooked/reheated food List Food: _____
- Cold prepared food List Food: _____
- Drinks/Beverages List Food: _____
- Pre-Packaged low risk food List Food: _____
- Tastings of pre-packaged food List Food: _____
- Show Bags List Food: _____

Storage facilities that will be onsite. (Tick appropriate circles)

- Refrigerator Refrigerated display unit Esky with ice and/or ice bricks
- Coolroom Freezer Bain marie
- Pie Warmer Other (please specify) _____

Cooking facilities that will be onsite. (Tick appropriate circles)

- Deep fryers Ovens Grill/BBQ
- Microwave Other (please specify) _____

Hand washing facilities that will be onsite. (Tick one circle)

- Portable sink with warm running water, liquid soap and single use paper towels with waste water disposal.
 - Plastic container with warm running water with a tap at its base, heating element (eg urn or kettle) liquid soap and single use paper towels and a bucket for the collection of wastewater.
- 'No wash' hand gels may be used in addition to hand washing facilities but are not sufficient on their own.***

Equipment washing facilities that will be onsite. (Tick appropriate circles)

- Portable double bowl sink units, with hot and cold water connected to waste water disposal.
- Plastic container with warm running water with a tap at its base, heating element (eg urn or kettle) detergent, sanitiser and a bucket for the collection of wastewater.
- Providing a sufficient supply of utensils for the duration of the event.
- Access to a communal double bowl sink facility organised by the Event Coordinator. (Class 3 & 4 only)

Food Safety Program Requirements. (Tick appropriate circles)

The below mentioned items must be kept onsite if you are operating a Class 2 or 3 premises.

- Food Safety Program (Class 2) Record Sheets (Class 3) Probe Thermometer

COUNCIL CONTACT DETAILS

In person to:
Health Services Branch
Council House 2
Level 3
240 Little Collins Street
Melbourne VIC 3000

OR
Melbourne Town Hall
Swanston Street Melbourne 3000

By mail to:
Health Services Branch
City of Melbourne,
PO Box 1603
Melbourne VIC 3001

Telephone enquiries:
03) 9658 8858

Fax Number
03) 9658 8830

Email
health@melbourne.vic.gov.au

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