

Notification to Operate a Temporary Food Premises



INTRODUCTION

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

PROPRIETOR DETAILS

Proprietor's Name (Person[s] or Company): _____

Proprietor's Address: _____

Mailing Address: _____

Postcode: _____

Contact Name: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

ABN : _____

Does your food business fall under the following category: (tick only if appropriate)

Not for profit Organisation

Community Group

Charity Organisation

EVENT DETAILS

Name of Event: _____

Date of Event: _____

Location of Event: _____

Site Number: _____

Time the event begins and ends

Start: _____

End: _____

PREMISES DETAILS

Trading Name : _____

City of Melbourne Health Services Registration/Notification Number: _____

My business is: (Tick appropriate circle)

An outdoor temporary structure (covered), eg marquee, tent.

A Mobile Food Vehicle with a current Victorian Food Act Registration. You will need to submit a photocopy of the Certificate of Food Act Registration with the Council the vehicle is currently registered with. Address where vehicle is garaged: _____

Trestle table for pre-packaged food only.

A Stall within a Building.

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: _____

PLEASE TURN OVER

My business has the following facilities

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

- | | | |
|------------------------------------|--|---|
| <input type="radio"/> Refrigerator | <input type="radio"/> Refrigerated display unit | <input type="radio"/> Esky with ice and/or ice bricks |
| <input type="radio"/> Coolroom | <input type="radio"/> Freezer | <input type="radio"/> Bain marie |
| <input type="radio"/> Pie Warmer | <input type="radio"/> Other (please specify) _____ | |

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

- | | | |
|-----------------------------------|--|---------------------------------|
| <input type="radio"/> Deep fryers | <input type="radio"/> Ovens | <input type="radio"/> Grill/BBQ |
| <input type="radio"/> Microwave | <input type="radio"/> 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.

Food Safety Program/Records and a probe thermometer

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

Proprietor's Signature: _____

Date: _____

PROPRIETOR CONSENT (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.

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: _____

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

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

OR

Telephone enquiries:

Fax Number

Melbourne Town Hall
Swanston Street Melbourne 3000

03) 9658 8858

03) 9658 8830