

# Temporary Food Premises Form



## Application to operate a temporary Food Premises

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Date(s) and duration of event: \_\_\_\_\_

Location of temporary food premises: \_\_\_\_\_

Is the temporary food premises associated with a registered food premises?

Yes

No

If yes, please specify

Business Address: \_\_\_\_\_

Trading As: \_\_\_\_\_

Main purpose of the business: \_\_\_\_\_

Charitable/Non profit

Business

Please specify the full range of foods offered (or alternatively, supply a menu):

\_\_\_\_\_  
\_\_\_\_\_

Please indicate which of the following you sell directly or will be using as ingredients:

Milk/Milk products  Poultry  Salads/Rice dishes

Egg Products  Fish/shellfish products  Meat (raw)

Ice Cream  Fruit/Vegetables  Meat (cooked)

Type of operation:

Stall/Stand  Mobile unit  Tent/Marquee

Other (please specify): \_\_\_\_\_

Please indicate the type of facilities to be provided on site:

Refrigerators  Freezers  Deep fry

Oven(s)  BBQ/Grill  Microwave(s)

Sink(s)  Wash Hand Basin(s)  Refuse facilities

Other facilities (please specify): \_\_\_\_\_

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Please indicate power sources:

LPG  Electrical Generator

Other (please specify): \_\_\_\_\_

Is the food to be prepared or stored in premises other than the temporary food premises or vehicle?

No  Yes  If so, please state which municipality the premises is registered with:

Will the food be delivered to the site by a separate supplier and if so what arrangements will be made for its reception?

No  Yes  \_\_\_\_\_

How long will the event(s) last and how many sites will be involved? \_\_\_\_\_

Have you included a copy of your Food Safety Program with this application form?

No  Yes

Have you or anyone working at the event completed an approved food handler hygiene course and if so state details?

No  Yes  \_\_\_\_\_

I \_\_\_\_\_ have supplied all the enclosed information regarding the sale of food at a temporary food premises and I agree to abide with all the requirements of my Food Safety Program. I understand that on the day of the function Environmental Health Officers may attend the event and they reserve the right to stop the sale of food items on the spot if I am not adhering to the requirements in my Food Safety Program.

Signed ..... Date .....

**Enquiries to Environmental Health Services**  
Telephone +61 3 9599 4417  
E Mail enquiries@bayside.vic.gov.au

**Please return completed form and fee payable:**

**In person to:**  
Cashier at the Corporate Centre Sandringham  
76 Royal Avenue Sandringham

**Or by mail to:**  
BAYSIDE CITY COUNCIL  
PO BOX 27  
SANDRINGHAM VIC 3191

Office use only



Temporary Food Premises Registration

ACCOUNT: T720

AMOUNT:  \$100.00 (Non-Community Event)  \$52.00 (Community Event)

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