



GEORGE TOWN COUNCIL

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Food Act 2003
Sections 87, 88 & 89

Temporary & Mobile Food Business

Application for Registration/Renewal of a Mobile Food Business

PART 1: TYPE OF APPLICATION

(tick one box only)

- I am applying for Annual State Wide Registration; or
- I am applying for a 'one off' or event specific Registration (*single or multi-day event*)
Date(s) of event for one off registration:/...../..... to/...../.....; or
- I am applying for registration for months (must be less than 12 months)

Note: Council may choose to approve registration for a period different to the duration specified above]

If you are applying for a Temp Food Licence within 7 days of the event you will be charged a \$30 late fee.

PART 2: APPLICANT & MOBILE FOOD BUSINESS DETAILS

Title	Given Name/s	Family Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Company Name		
<input style="width: 95%;" type="text"/>		
ABN / ACN	Date of Birth (for non-ABN/ACN holders)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Business Address (must be located within the boundaries of this Council for registration to be valid)		
<input style="width: 95%;" type="text"/>		
Postal Address (if different from business address)		
<input style="width: 95%;" type="text"/>		
Business Phone Number	Mobile Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Email Address		
<input style="width: 95%;" type="text"/>		
On-site Contact (if different from applicant)	Phone number	Mobile Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address (on-site contact)		
<input style="width: 95%;" type="text"/>		

PART 3: MOBILE FOOD BUSINESS DESCRIPTION

Trading Name and / or Stall/Van Name	
<input style="width: 95%;" type="text"/>	
Type of Mobile Structure (van, tent, marquee, caravan, etc.)	Vehicle Registration No. (if applicable)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

The information that Council is collecting from you is information required under the *Building Act 2004*. The intended recipients of the information are officers of the George Town Council in order to carry out Council business. Personal information will be used only for the purpose described in the Act, or may be disclosed if authorised by law. The supply of the information by you is not voluntary. If you cannot provide or do not wish to provide the information sought, George Town Council will not be able to process your application. You may make application to access or amend the information held by Council by contacting the relevant Council Officer on 6382 8800. Changes of notification to details is the responsibility of the applicant.

PART 4: MOBILE FOOD BUSINESS LAYOUT

Please attach an A4 plan or photographs clearly depicting the layout of your mobile food business as part of this application. Refer to the *Guidelines for Mobile Food Businesses* for more information.

PART 5: TYPES OF FOOD TO BE SOLD

List the types of food to be sold

PART 6: FOOD SAFETY SKILLS AND KNOWLEDGE

(food safety qualifications, training or experience of applicant/owner – attach details if insufficient space)

PART 7: FOOD PREPARATION & STORAGE

If any food sold from the mobile food business is to be prepared and/or stored at another location, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space:

PART 8: APPLICANT DECLARATION

I declare that the information provided on this form is accurate, complete and correct.

I understand and agree that information about this application and the businesses' on-going operations will be shared with councils and the Department of Health and Human Services to assess this application and the businesses' compliance with the *Food Act 2003*.

I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name

Applicant Signature

Date

...../...../.....

	Receipt Number:
	Date:.....

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