



# GEORGE TOWN COUNCIL

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*Food Act 2003, Sections 87 & 89*

## Application for **Temporary Food Business** *(including mobile food business)*

### **Food Business Proprietor's Details**

Name of Applicant.....

ACN (if a Company) .....

Address .....

.....Postcode .....

Telephone ..... Mobile Phone .....

Facsimile.....Email .....

Details of food safety/hygiene skills and knowledge (*food safety qualifications, training or experience*) of the proprietor and food handlers (*please attach details if insufficient space*):.....

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### **Business Details**

Name of business .....

Location of temporary stall/business.....

Contact person..... Telephone .....

Email:.....Facsimile.....

Emergency Contact:.....

Telephone .....

Types of food: .....

- Proposed dates/hours of operation (Please indicate Summer/Winter opening times if applicable):  
 Mon..... Tue..... Wed..... Thu.....  
 Fri..... Sat..... Sun.....

- Preferred day and/or time for unannounced inspections  
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- Details of any proposed or operational quality assurance program, food safety plan or other approved food safety management system (if any). *Please attach details if insufficient space.*  
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The following must be completed and returned as part of your Registration

(The Food Safety Standard 3.2.2 requires that a food business ensures that food handlers have skills and knowledge of food safety & hygiene matters.)

- **Questionnaire for Food Handlers and Supervisors**

*Please tick whichever is applicable.*

At room temperature, germs double in number every 20 minutes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mops and buckets should be emptied in the hand washing basin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If a food handler handles food unsafely it is solely the business that gets the blame	True	<input type="checkbox"/>	False	<input type="checkbox"/>
What temperature must cold food be kept at or below?	7° C	<input type="checkbox"/>		
	5° C	<input type="checkbox"/>		
	3° C	<input type="checkbox"/>		
What temperature must hot food be kept at or above?	70° C	<input type="checkbox"/>		
	80° C	<input type="checkbox"/>		
	60° C	<input type="checkbox"/>		
Tick the items that must be sanitised before/after use	1. Stovetops	<input type="checkbox"/>		
	2. Oven	<input type="checkbox"/>		
	3. Chopping board	<input type="checkbox"/>		
	4. Floors	<input type="checkbox"/>		
	5. Knives & forks	<input type="checkbox"/>		
Tick the 'high risk' foods	1. Prawns	<input type="checkbox"/>		
	2. Ham	<input type="checkbox"/>		
	3. Gravy	<input type="checkbox"/>		
	4. Apples	<input type="checkbox"/>		
The symptoms of food poisoning include (tick)	1. Sneezing	<input type="checkbox"/>		
	2. Vomiting	<input type="checkbox"/>		
	3. Coughing	<input type="checkbox"/>		
	4. Diarrhea	<input type="checkbox"/>		

## Plans and Specifications - new or altered food businesses only

For new or altered premises (including mobile food businesses), please attach plans and specifications or other information clearly showing the design, fitting out and arrangement of plant equipment for the proposed use.

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## Fee and Signature

**Non commercial:**            **No charge**

**Commercial:**                **\$90.00**

Signature of applicant for registration/renewal..... Date .....

*Please lodge your completed form and application fee with the General Manager of the*

### Office Use Only

Receipt No.: .....

Date:.....

### Assessment Report

I have considered the following:

- The FSANZ Priority Classification System for Food Businesses.
- Compliance with the *Food Act 2003* and relevant guidelines in relation to the registered food business;
- The manner in which the food business has been operated during the period of registration;
- The manner in which the food business manufactured or sold food;
- The protection of public health in relation to the premises and the manufacture or sale of food by the business.

My report addressing the above matters is attached.

- I recommend that the registration of the premises and the license be renewed subject to any conditions proposed in the attached report.
- I do not recommend that the registration of the premises and the license be renewed for the reasons given in the attached report.

EHO Signature .....

Inspection Date: ...../...../.....