



Date received:

Application fee:

Receipt No:

Licence No:

Category:

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Glenorchy Tas 7010
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ABN: 197 5325 2493

Food Act 2003
Sections 87, 88 & 89

Mobile Food Business - Application

Application for **Registration/Renewal** of a mobile food business

PART 1: TYPE OF APPLICATION

(Please tick (✓) 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 ___ / ___ / ___

PART 2: APPLICANT & MOBILE FOOD BUSINESS DETAILS

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

PART 3: MOBILE FOOD BUSINESS DESCRIPTION

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

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

Privacy Statement: Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of Glenorchy City Council and the Department of Health and Human Services in order to advance the purposes of this form and carry out business required by the Food Act 2003. The Personal Information Protection Act 2004 and Council's Privacy policy regulate the use of this information, which will not be disclosed to any other party, except with your permission if required or authorised by law. You may make application to access or amend personal information held by Council by Contacting Customer Services on (03) 6216 6800.

(Please tick (✓) tick all that apply)

- | | | |
|----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> BBQ (sausages and hamburgers) | <input type="checkbox"/> Ice creams and cream products | <input type="checkbox"/> Deep fried foods |
| <input type="checkbox"/> Sandwiches and rolls | <input type="checkbox"/> Curries, soups and rice dishes | <input type="checkbox"/> Raw cut fruit and vegetables |
| <input type="checkbox"/> Salads (fresh and cooked) | <input type="checkbox"/> Seafood | <input type="checkbox"/> Pancakes and pikelets |
| <input type="checkbox"/> Meat pies, sausage rolls and hot dogs | <input type="checkbox"/> Juice and smoothies | <input type="checkbox"/> Egg and raw egg products |
| <input type="checkbox"/> Cakes, slice and pastries | <input type="checkbox"/> Kebabs and souvlaki | <input type="checkbox"/> Sushi |
| <input type="checkbox"/> Other: | | |

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

___ / ___ / ___

PART 9: PAYMENT

Payment must accompany application.

Current fees can be found at http://www.gcc.tas.gov.au/content/Schedule_of_Fees.GCC?ActiveID=1135

This application form and payment must be returned to Glenorchy City Council.

Payment can be made by: credit card; cheque payable to Glenorchy City Council; or cash at the Glenorchy City Council Customer Service Centre, 374 Main Road Glenorchy.

Payment by Credit Card:

Details provided will be destroyed once payment is processed.

Payment by Credit Card (Please note payment made by credit card will attract a 0.3% surcharge)

Card type:

MASTERCARD

VISA

Name on card:

Card Number:

Expiry Date:

/

CCV:

Amount:

\$

(+ 0.3% surcharge)

Signature:

FOOD OPERATOR SKILLS & KNOWLEDGE QUESTIONNAIRE

Each statement must be answered

Please tick the correct answer(s)

PERSONAL HYGIENE

1. Food handlers must wash his/her hands in an easily accessible hand wash basin with liquid soap, warm running water, and dry hands with paper towel:

Please select all that apply

- Before handling food
- After using the toilet
- Before handling food contact surfaces
- After having a break

2. To meet the requirements of the food standards code, food handlers must have access to:

Please select all that apply

- Running water for hand washing
- Soap
- Paper towel
- Tea towel

3. Do Hand sanitisers kill all germs and viruses?

- Yes
- No

4. All cuts, wounds and abrasions should be:

- Left uncovered
- Covered with a clean, brightly coloured band aid

5. Gloves should be changed as often as I wash my hands:

- Yes
- No

6. Appropriate hair coverings should be worn when preparing uncovered food:

- True
- False

7. Food handlers must **NOT** go to work when suffering from symptoms of food poisoning. Symptoms include:

Please select all that apply

- Diarrhoea
- Vomiting
- Stomach pains

8. Food businesses are responsible for ensuring food handlers have appropriate skills and knowledge:

- True
- False

FOOD STORAGE

9. Cold food must be kept below 5°C:

- True
- False

10. Germs (bacteria) can double in numbers every 15-20 minutes in optimal conditions. Which following factors contribute to these conditions:

Please select all that apply

- Food
- Moisture
- Warmth

11. Hot food must be kept above 60°C:

- True
- False

12. Frozen food is best defrosted:

Please select all that apply

- In the sink or hand wash basin
- On the bench
- In the fridge
- Microwave

13. The 4-hour/2-hour rule means ready-to-eat high risk foods that have been stored at ambient temperature (e.g. not in refrigerator or heater) for a total of:

Please select all that apply

- Less than two hours must be refrigerated or used immediately
- Between 2 and 4 hours must be used immediately
- More than 4 hours must be thrown out

CLEANING

14. A detergent is used to whilst a sanitiser used with sufficient contact time .

Please fill in the black space from the options below

- Kills germs
- Loosens grease
- Kills viruses

15. Diluting a sanitiser outside of manufacturer's specifications (higher concentration) is more effective:

- True
- False

16. Before inserting a thermometer into foods it is important to wash the probe and clean it with a sterile wipe:

- True
- False

COMPLETED BY

Name: _____

Signed: _____

Date: _____

Office Use Only	
Score	/ 16
Pass /Fail	
Approved/Refused	
Signed (CSO)	