



## Food business application

Food business type

Food Act 2003 Section 84, 87 & 88

|   | only (does not req                                     |           |  |
|---|--|-----------|--|
| Apply to register a food business       |  |           | ood business (food van or food stall)            |
| P Late P.                               | = state mac mosne rood sasmess (rood van er rood stan) |           |  |
| Applicant details                       |  |           |  |
| Name of applicant:                      |  |           |  |
| Company name:                           |  |           |  |
| ABN/ACN:                                | Da   | te of bii | rth:   |
| Postal address:                         |  |           | _  |
| Mobile number:                          | Em   | nail addı | ress:  |
| susiness details                        |  |           |  |
| Frading name:                           |  |           |  |
| Business address:                       |  |           |  |
| Food safety supervisor:                 |  |           |  |
| On-site contact:                        | Мо   | obile nu  | mber:  |
| Proposed start date:                    |  |           |  |
| Hours of operation:                     |  |           |  |
| or mobile businesses                    |  |           |  |
| Type of structure:                      |  |           |  |
| Address where vehicle is garaged, or e  | quipment stored:                                       |           |  |
| Food vehicle registration number:       |  |           |  |
| ood and food handling activit           | es   |           |  |
| <del>_</del>                            |  | insuffici | ent space, a menu, or product list may suffice): |
| st the types of foods to be sold (pieds | e attach actans n                                      | msame     | ent space, a mena, or produce list may sameey.   |
|   |  |           |  |
| ypes of food handling activities or pro | cesses to be used:                                     |           |  |
| No processing                           |  |           | Cook-chill / sous vide                           |
| Cooking                                 |  |           | Vitamising                                       |
| Cooling                                 |  |           | Packaging / repackaging / labelling              |
| Reheating                               |  |           | Vacuum packing                                   |
| Hot-holding / cold-holding              |  |           | Preparation >4 hours in advance                  |
| Other (specify):                        |  |           |  |
|   |  |           |  |

| Yes I have attached an A4 plan or photographs clearly showing the layout of my vehicle, cart, tent, booth, or other mobile structure. Refer to the Guidelines for Mobile Food Businesses for more information.  |
|---|
| If any food sold from a mobile food business is to be prepared and/or stored at another location not mentioned above, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space:   |
| Applicant declaration   |
| <ol> <li>I declare that the information provided on this form is accurate, complete, and correct.</li> <li>I acknowledge that this application is not valid, and assessment of the application will not commence until the application fee is paid in full.</li> <li>I acknowledge and agree that if an email address is provided on this application, I consent pursuant to Section 6 of the <i>Electronic Transaction Act 2000</i> to the Council using that email address as a method of contact and for the provision of information by the Council.</li> <li>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 to assess this application and the businesses' compliance with the <i>Food Act 2003</i>.</li> <li>I understand that this is an application, and approval of this application is not guaranteed.</li> </ol> |
|   |
| Name: Signed: Date:   |
|   |
| Signed: Date:   |
| Signed: Date:  Payment options  Payment by phone  |

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